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National Highway  
Traffic Safety  
Administration

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Washington, D.C. 20590

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**DYNAMIC SCIENCE, INC.**  
In-Depth Accident Investigation

Contract Number DTNH22-94-D-27058  
Case Number DSI-95-SP-024

1995

## TECHNICAL SUMMARY

**CONTRACTOR:** Dynamic Science, Inc.  
**CONTRACT NUMBER:** DTNH22-94-D-27058  
**CASE NUMBER:** DSI-95-SP-024

This collision occurred on an early winter weekday. At the point of impact, the roadway is a four-leg, concrete intersection which is straight and level and is controlled by a stop sign for east/west traffic.

Vehicle 1, the case vehicle, was a 1987 Plymouth Voyager (SE), driven by a 40 year old male. According to the driver, Vehicle 1 was westbound approaching the intersection at approximately 32 KPH (20 MPH) and beginning to brake for the stop sign.

Vehicle 2, a 1995 Saturn driven by a 20 year old male, was traveling northbound approaching the same intersection at approximately 64 KPH (40 MPH).

The driver attempted to stop Vehicle 1, but according to the driver the brakes failed. Vehicle 1 slowed, however, and entered the intersection directly into the path of Vehicle 2. The driver of Vehicle 1 realized that Vehicle 2 was going to collide with him, he accelerated Vehicle 1 in an attempt to avoid the collision. The driver of Vehicle 2 attempted to avoid the collision by braking and steering to the left, but the front of Vehicle 2 struck the left rear of Vehicle 1.

The impact pushed Vehicle 1 into a counterclockwise rotation, and the left rear rubber bumper guard pushed on the left corner of the liftgate. This caused the liftgate to move up and laterally to the right. The latch moved from the latching post and the rear liftgate opened. At the same time, the rear seat latching anchors released the rear seat. As Vehicle 1 continued in a counterclockwise rotation the front of the rear seat swung upwards with both occupants being thrown towards the left side of Vehicle 1. As Vehicle 1 came to a stop at final rest, the rear liftgate had swung fully open. The rear seat along with both rear occupants fell out onto the roadway.

Vehicle 1 rotated counterclockwise 180 degrees from its original heading, and came to final rest, facing west. The PDOF for this impact is estimated to have been 280 degrees with a CDC of 09LBEW2.

After impact, Vehicle 2 continued in a counterclockwise rotation and headed west. Vehicle 2 rotated approximately 100 degrees and came to final rest, facing west.

There were a total of six occupants in Vehicle 1 as shown in Figure 1 .

The driver of Vehicle 1 was wearing the available manual lap/shoulder restraint. He complained of pain to his left knee from striking the instrument panel.

The right front occupant of Vehicle 1, a fifteen year old male, was wearing the available manual lap/shoulder restraint. He did not sustain any injuries.

The left center occupant of Vehicle 1, a four year old male was restrained in the child seat that is integrated into the bench seat. He sustained a bruise to his forehead, possibly from contact with the unrestrained occupant seated to his right.

The right center occupant of Vehicle 1, an eighteen year old male was not restrained. He did not sustain any injuries.

The left rear occupant of Vehicle 1, a fourteen year old male, was not wearing the available lap restraint. The impact forces moved the left rear occupant into the left rear side window. He struck it with his head and shattered it on impact. The counterclockwise rotational forces, and the rear seat unlatching threw him about the left rear interior of the vehicle. When the rear liftgate opened, and the latches on the rear seat released, the left rear occupant was ejected out onto the roadway along with the seat. This action resulted in a closed head injury, acute cervical strain, acute L-5 strain, a contusion left shoulder and a contusion to the left knee; maximum AIS =1.

The right rear occupant of Vehicle 1, a sixteen year old male, was not wearing the available lap restraint. When the rear liftgate opened, the right rear occupant was ejected out onto the roadway along with the seat. The following injuries resulted: A closed head injury, acute cervical strain, acute sprain and a contusion to his left shoulder; maximum AIS=1.

Both vehicles were towed from the scene. Vehicle 1 was towed as a result of the possible brake failure, the driver did not feel that it was safe to continue driving Vehicle 1. The PAR indicated no defects to the vehicle.

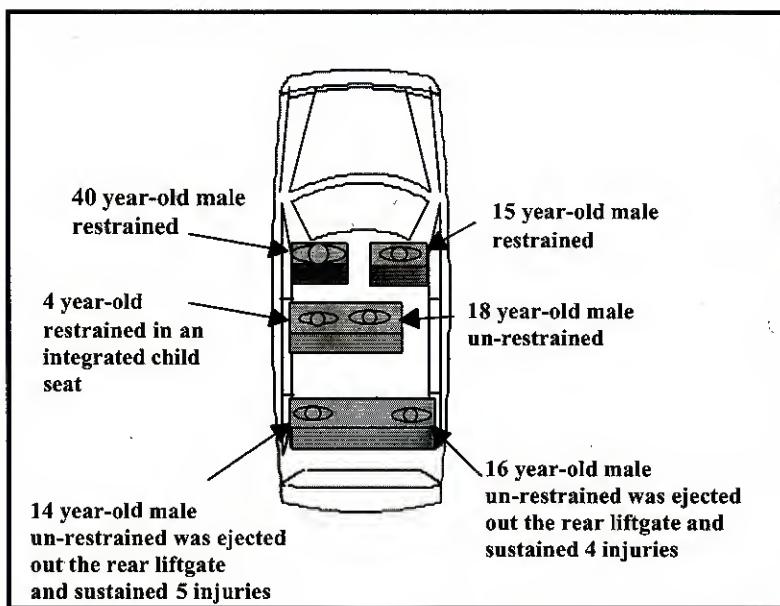
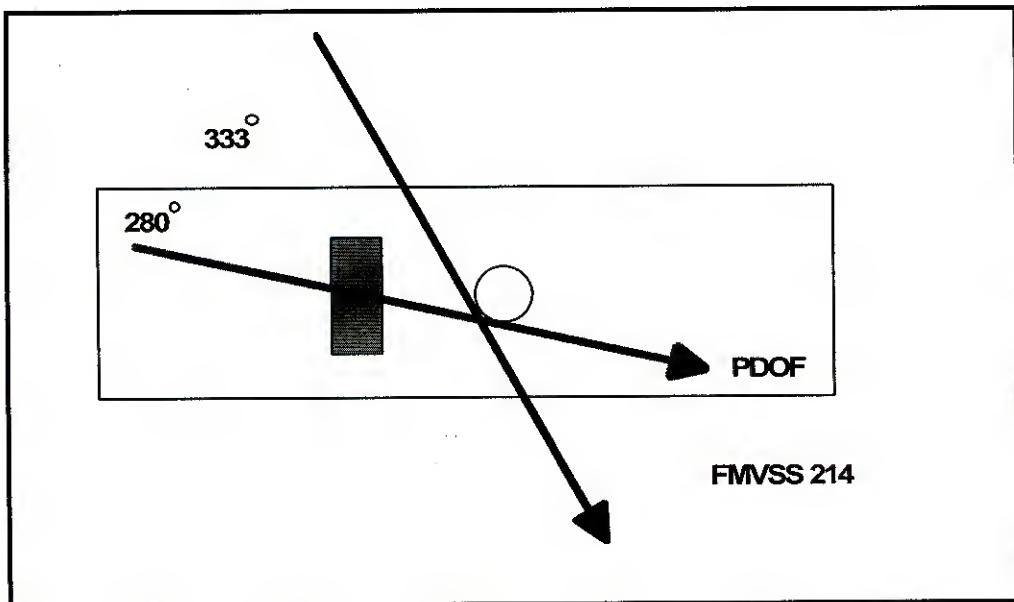


Figure 1. Vehicle 1 Occupant Seating Positions

Upon inspection of the case vehicle, it was found that Vehicle 1 sustained minor damage to the left rear corner, including the corner of the rear bumper. The liftgate did not sustain any direct contact damage, and it did not buckle. It was contacted by the left rear rubber bumper guard, and it pushed the liftgate laterally to the right.

It is the opinion of the investigator that the left rear bumper corner was deformed on impact. The left rear rubber bumper guard then pushed the left corner of the liftgate up and laterally to the right. This caused the latch to move from the post and the rear liftgate opened. As Vehicle 1 was in the counterclockwise rotation the liftgate swung open. This coupled with the failure of the seat latching anchors, caused the rear seat and both rear occupants to be ejected through the rear liftgate area when Vehicle 1 came to a stop at final rest.

The following diagram describes the forces which acted upon the latching mechanism on the rear liftgate during the collision as compared to forces which act on the liftgate during FMVSS 214 testing.



*This research was supported by the National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation, under contract number DTNH22-94-D-27058. The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the NHTSA.*

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*The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.*

*Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.*

**DYNAMIC SCIENCE, INC.**  
**ACCIDENT INVESTIGATION**  
**CASE NUMBER: DSI-94-SP-024**

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**ACCIDENT DATA:**

**Location:**

**Area/Type:**

Urban/Commercial

**Date/Time:**

Winter Weekday/Early evening

**Accident Type:**

Car/Van Angle-Intersection

**INJURY SEVERITY:**

**Vehicle 1:**

Driver, None

R/F Occupant, None

L/Center Occupant, AIS-1

R/Center Occupant, None

L/R Occupant, AIS-1  
(case occupant)

R/R Occupant, AIS-1  
(case occupant)

**AMBIENCE:**

**Viewing Conditions:**

Early evening, dark with no viewing restrictions

**Cloud Cover:**

Clear

**Precipitation:**

None

**Temperature:**

Unknown

**Road Surface:**

Dry

**ROADWAY:**

	<b>VEHICLE 1</b>	<b>VEHICLE 2</b>
<b>Type:</b>	2-Lane, undivided	2-Lane, undivided
<b>Width:</b>	6.4 m (21 ft)	6.7 m (22 ft)
<b>Traffic Density:</b>	Moderate	Moderate
<b>Median:</b>	None	None
<b>Edge:</b>	Grass downward sloped	Grass downward sloped
<b>Surface:</b>	Concrete	Concrete
<b>Reported Defects:</b>	None	None
<b>Co-efficient of Friction (est.):</b>	0.65	0.65
<b>Vertical Alignment:</b>	Level	Level
<b>Horizontal Alignment:</b>	Straight	Straight

**TRAFFIC CONTROLS:**

	<b>VEHICLE 1</b>	<b>VEHICLE 2</b>
<b>Signals:</b>	None	None
<b>Signs:</b>	Standard stop sign	None
<b>Speed Limit:</b>	64 KPH (40 MPH)	64 KPH (40 MPH)
<b>Markings:</b>	Double solid yellow lines separates east and west opposing traffic lanes.	Double solid yellow lines separates north and southbound opposing traffic lanes. Solid white edge lines.

**VEHICLES:**

	<b>VEHICLE 1</b>	<b>VEHICLE 2</b>
<b>Description:</b>	1987 Plymouth Voyager (SE)	1995 Saturn, per V.I.N.
<b>Odometer:</b>	223,752 km (139,037 mi)	Unknown - not inspected
<b>Engine:</b>	3.0 L	1.9 L / L4, per V.I.N.
<b>Vehicle Modifications:</b>	None	Unknown - not inspected
<b>Tire Condition:</b>	Excellent tread, no unusual thread pattern	Unknown - not inspected
<b>Manual Restraints:</b>	3-point lap/shoulder restraints at L/F, R/F front seat positions. 2-point lap restraint at L/C seating position, R/C seating position 2-point lap restraint removed. Center bench seat has available an integrated 5-point harness child seat. R/R, C/R, L/R 2-point lap restraints.	Unknown - not inspected
<b>Automatic Restraints:</b>	None	Supplemental Restraint System (Driver's side air bag), per V.I.N.
<b>Reported Defects:</b>	None	None
<b>Cargo:</b>	None	Unknown - not inspected
<b>Windshield Damage:</b>	None	Unknown - not inspected
<b>Fleet:</b>	None	None

**Case DSI-95-SP-024**

**Tow Status:**

Towed due to perceived  
brake failure by driver of  
Vehicle 1

Towed due to damage

**VEHICLE DAMAGE:**

	<b>VEHICLE 1</b>	<b>VEHICLE 2</b>
<b>Object Struck:</b>	Vehicle 2	Vehicle 1
<b>Event Number:</b>	01	01
<b>CDC:</b>	09LBEW2	Unknown - not inspected
<b>Maximum Crush:</b>	CDC crush extent zone 2	Unknown - not inspected

**VEHICLE VELOCITY ESTIMATES:**

	<b>VEHICLE 1</b>	<b>VEHICLE 2</b>
<b>Impact Speed (estimated):</b>	32 KPH (20 MPH) per police	64 KPH (40 MPH) per police
<b>Total Delta V:</b>	5 KPH (3 MPH)	5 KPH (3 MPH)
<b>Longitudinal Delta V:</b>	-1 KPH (-1 MPH)	-4 KPH (-2 MPH)
<b>Lateral Delta V:</b>	5 KPH (3 MPH)	-2 KPH (-2 MPH)
<b>Energy Dissipation:</b>	1887.6 NT-M 1392.4 FT-LBS	3885.1 NT-M 2865.8 FT-LBS

**Calculations based upon:**

The Delta V(s) (velocity changes) were computed by the missing vehicle algorithm, OLDMISS PC program.

**COLLISION SEQUENCE:**

**Pre-Crash:**

This two vehicle angle type collision occurred during the early evening hours of a winter weekday at a four-leg intersection. The roadway is an asphalt, straight and level surface in an urban/commercial zone. The weather was clear, there were no weather related viewing restrictions and the road surface was dry and free of defects. The traffic density is moderate and the posted speed limit was 64 KPH (40 MPH). The intersection is controlled by standard stop signs for east and westbound traffic.

The north travel lane is separated by double painted yellow lines from the south travel lane, and is 6.7 m (22 ft) in width. The north and south roadway has an estimated coefficient of friction of 0.65. The travel lanes for east and west traffic measures 6.4 m (21 ft) in width and consist of 1 eastbound travel lane separated by double painted yellow lines from 1 westbound travel lane. The east and west roadway has an estimated coefficient of friction of 0.65.

Vehicle 1, the case vehicle, a 1994 Plymouth Voyager (SE), driven by a 40 year old male was travelling westbound approaching the intersection. At a police reported speed of 32 KPH (20 MPH), the vehicle was beginning to brake for the stop at the intersection.

Vehicle 2, a 1995 (per the V.I.N.) Saturn, driven by a 20 year old male was travelling northbound approaching the intersection. At a police reported speed of 64 KPH (40 MPH).

The driver of Vehicle 1 stated that he applied the brakes to stop, and although Vehicle 1 began to decelerate, it was not braking in a normal fashion. The driver of Vehicle 1 realized that his brakes were failing and he was about to attempt to engage the emergency brake lever, when he realized that he was almost in the middle of the intersection and that Vehicle 2 was rapidly approaching him. The driver of Vehicle 1 accelerated in an effort to avoid the collision.

At the same time, the driver of Vehicle 2 saw Vehicle 1 enter the intersection directly in front of him. In an effort to avoid the collision, the driver of Vehicle 2 braked and began to steer to the left.

**Crash:**

The front bumper of Vehicle 2 struck the left rear corner of Vehicle 1. A CDC of 09LBEW2 with a PDOF of 280 degrees was assigned to Vehicle 1. Direct damage width was measured at 64.7 cm (25.5 in). The maximum crush depth was estimated to be a CDC extent zone 2.

## **Case DSI-95-SP-024**

Vehicle 2 was not inspected. Although crush was minor to Vehicle 1, as a result of the impact-induced deceleration, the threshold of the manufacture's supplemental restraint system was exceeded in Vehicle 2 and the driver's air bag deployed.

### **Post Crash:**

As a result of the rapid acceleration by the driver of Vehicle 1 to avoid the collision and the impact forces generated by the collision with Vehicle 2, Vehicle 1 went into a counterclockwise rotation. Upon impact with the bumper of Vehicle 2, the left rear corner of Vehicle 1 was deformed. The left rear rubber bumper guard then pushed the left corner of the liftgate up and laterally to the right. This caused the latch to release from the post and the rear liftgate opened.

At the same time, the rear seat latching anchors released the rear seat. There was no indication of damage to the seat latches. It is possible that the rear seat had not been securely fastened prior to this incident. As Vehicle 1 continued in a counterclockwise rotation the front of the rear seat swung upwards with both occupants being thrown around in Vehicle 1. As Vehicle 1 came to a final rest, the rear liftgate had swung fully open, and the rear seat, along with both rear occupants, fell out of the vehicle.

Vehicle 1 rotated 180 degrees counterclockwise and came to final rest, facing east.

Vehicle 2 continued in a counterclockwise rotation and came to final rest, facing in a southwesterly direction.

### **Occupant Kinematics:**

The driver was wearing the available lap/shoulder restraint. On impact with Vehicle 2 his legs were moved forward and upward into the instrument panel. The driver of Vehicle 1 complained of pain to his left knee, but did not sustain any injuries to them and he did not seek any medical treatment.

The right front occupant, was wearing the lap/shoulder restraint. There was no physical evidence to indicate that he had contacted the instrument panel. He was not injured.

The left center occupant was restrained on the integrated child seat of the bench seat. On impact with Vehicle 2, the left center occupant moved laterally towards the left side of the vehicle, but he was secured by a five point restraint system of the child seat. The right center occupant, was seated unrestrained on the bench seat. On impact with Vehicle 2 he moved laterally to the left and collided with the forehead of the left center occupant. After impact, and as a result of the counterclockwise rotation, the right center occupant moved back to the right side of the vehicle.

He did not claim any injuries. The left center occupant did sustain a contusion to his forehead as a result of the collision with the right center occupant, and received medical treatment three days later at a medical clinic.

The left and right rear occupants were restrained by the available lap restraints, according to the driver. The police report indicates that they were not wearing the lap restraints. There is extensive damage to the molding on the left rear interior surface which indicates that they were not restrained. There were several cracks to the molding ranging from 6.4 cm (2.5 in) long to 51.0 cm (20.0 in) long. The impact with Vehicle 2 threw the left rear occupant laterally to the left and he struck the rear left side window glass with his head, causing it to disintegrate. The right rear occupant may have also collided with the left rear occupant, pushing him further up against the left side interior surface.

After impact, the centrifugal forces, and the failure of the rear bench seat latches, caused the front of the rear bench seat to swing up and completely disengage from the front anchors. As Vehicle 1 continued in a counterclockwise rotation both rear occupants were being thrown about the left side of Vehicle 1. As Vehicle 1 came to a final rest, the rear liftgate had swung fully open, and the rear seat and both rear occupants were ejected out of the rear liftgate onto the roadway.

The left rear occupant sustained moderate injuries consisting of a closed head injury, acute cervical strain, acute L-5 strain, a contusion left shoulder and a contusion left knee. The right rear occupant sustained the following injuries: A closed head injury, acute cervical strain, acute sprain and a contusion to his left shoulder.

#### **Supplemental Restraint System:**

The case vehicle, the 1987 Plymouth Voyager (SE) is not equipped with a supplemental restraint system and the 1995 Saturn was not inspected.

#### **Scene Clearance:**

Vehicle 1 sustained minor damage. The driver of Vehicle 1 was apprehensive about driving Vehicle 1 with faulty brakes. Vehicle 1 was towed from the scene to his residence. The PAR indicates that Vehicle 2 was towed from the scene.

#### **Safety Standards:**

There were no violations of Federal Motor Vehicle Safety Standards noted during the on-site inspection of Vehicle 1.

**DRIVER AND OTHER OCCUPANTS:****VEHICLE 1**

	<b>DRIVER</b>	<b>OCCUPANT 2</b>
<b>Age/Sex:</b>	40 year old/male	15 year old/male
<b>Seated Position:</b>	Left front	Right front
<b>Seat Type:</b>	Bucket	Bucket
<b>Height:</b>	180.0 cm (71.0 in)	168.0 cm (66.0 in)
<b>Weight:</b>	71 kg (157 lb)	54 kg (120 lb)
<b>Occupation:</b>	Unknown	Student
<b>Pre-existing Medical Condition:</b>	Unknown	Unknown
<b>Alcohol/Drug Involvement:</b>	None/None	N/A
<b>Driving Experience:</b>	Unknown	Unknown
<b>Body Posture:</b>	Normal upright	Normal upright per the driver
<b>Hand Position:</b>	10 & 2 o'clock positions	Unknown
<b>Foot Position:</b>	On floorboard with the right foot on the accelerator	Unknown
<b>Restraint Usage:</b>	Lap/shoulder restraint	Lap/shoulder restraint
<b>Additional Occupants:</b>	5	

**DRIVER AND OTHER OCCUPANTS (cont.):****VEHICLE 1**

	OCCUPANT 3	OCCUPANT 4
<b>Age/Sex:</b>	4 year old/male	18 year old/male
<b>Seated Position:</b>	Left center	Right center
<b>Seat Type:</b>	Bench	Bench
<b>Height:</b>	94.0 cm (37.0 in)	178.0 cm (70.0 in)
<b>Weight:</b>	18 kg (40 lb)	58 kg (127 lb)
<b>Occupation:</b>	Minor child	Student
<b>Pre-existing Medical Condition:</b>	Unknown	Unknown
<b>Body Posture:</b>	Seated in an integrated child safety seat	Unknown
<b>Hand Position:</b>	Unknown	Unknown
<b>Foot Position:</b>	Unknown	Unknown
<b>Restraint Usage:</b>	5-point harness of integrated child safety seat	None

**DRIVER AND OTHER OCCUPANTS (cont.) :****VEHICLE 1**

	<b>OCCUPANT 5</b>	<b>OCCUPANT 6</b>
<b>Age/Sex:</b>	14 year old/male	16 year old/male
<b>Seated Position:</b>	Left rear	Right rear
<b>Seat Type:</b>	Bench	Bench
<b>Height:</b>	183.0 cm (72.0 in)	185.0 cm (73.0 in)
<b>Weight:</b>	52 kg (115 lb)	58 kg (127 lb)
<b>Occupation:</b>	Student	Student
<b>Pre-existing Medical Condition:</b>	Unknown	Unknown
<b>Body Posture:</b>	Normal upright	Normal upright
<b>Hand Position:</b>	Unknown	Unknown
<b>Foot Position:</b>	Unknown	Unknown
<b>Restraint Usage:</b>	None	None

**DRIVER AND OTHER OCCUPANTS :**

**VEHICLE 2**

**DRIVER**

**Age/Sex:** 20 year old/male  
**Seated Position:** Left Front  
**Seat Type:** Unknown  
**Height:** Unknown  
**Height:** Unknown  
**Occupation:** Unknown  
**Pre-existing Medical Condition:** Unknown  
**Alcohol/Drug Involvement:** N/A  
**Driving Experience:** Unknown  
**Body Posture:** Unknown  
**Hand Position:** Unknown  
**Foot Position:** Unknown  
**Restraint Usage:** Supplemental Restraint System, per traffic collision report  
**Additional Occupant:** None

**Case DSI-95-SP-024**

**INJURIES:**

**Vehicle 1**

	<b>INJURY</b>	<b>AIS/OIC CODE</b>	<b>ICD-9</b>	<b>SOURCE</b>
<b>DRIVER:</b>	None			
<b>R/F Occupant:</b>	None			
<b>L/C Occupant:</b>	Contusions to forehead	290402.1,7	920.00	R/C occupant
<b>R/C Occupant:</b>	Not injured			
<b>L/R Occupant:</b>	Closed head injury	115099.7,0	850.9	Left side window glass
	Cervical strain	640278.1,6	847.0	Left window area
	Lumbar strain	640678.1,8	847.2	Left window area
	Contusion left shoulder	790402.1,2	923.00	Left window area
	Contusion left knee	890402.1,2	924.11	Left window area
<b>R/R Occupant:</b>	Closed head injury	115099.7,0	850.9	Left window area
	Cervical strain	640278.1,6	847.0	Left widow area
	Sprain left shoulder	751020.1,2	840.9	Left window area
	Contusion left shoulder	751210.1,2	923.00	Left window area

## Abbreviations Used In Narrative, Scene And Photographic Documentation

ft.	Feet
in.	Inches
AIS	Abbreviated Injury Scale
BLF	Begin Left Front
BLR	Begin Left Rear
BRF	Begin Right Front
BRR	Begin Right Rear
CBE	Cab Behind Engine
CCW	Counterclockwise
CDC	Collision Deformation Classification
CG	Center of Gravity
CM	Centimeter
COE	Cab Over Engine
CW	Clockwise
E, EB	East, Eastbound
ELF	End Left Front
ELR	End Left Rear
ERF	End Right Front
ERR	End Right Rear
FRP	Final Rest Position
I	Interstate Highway
IP	Intermediate Point
KG	Kilogram
KPH	Kilometers Per Hour
LF	Left Front
LR	Left Rear
M	Meter
N, NB	North, Northbound
NE	Northeast
NW	Northwest
PDOF	Principal Direction of Force
POI	Point of Impact
R	Radius of Curvature
RF	Right Front
RL	Reference Line
RP	Reference Point
RR	Right Rear
S, SB	South, Southbound
SE	Southeast
SW	Southwest
T	Time or Elapsed Time (in seconds)
U.S.	United States Highway
V1	Vehicle Number 1
W, WB	West, Westbound

## PHOTO INDEX

Case No. DSI-95-SP-024

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5-6	01	Westerly	Counterclockwise rotation
7	01	East	Final rest area
8	01	West	Final rest area
9	01	East	Opposite direction of travel
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15	02	South	Opposite direction of travel
16-34	01		Exterior damage
35-44	01		Interior
45-50	01		Damaged left rear area
51-53	01		Rear seat anchors
54-56	01		Rear liftgate post
57-62	01		Rear liftgate latch
63-66	01		Rear seat
67-72	01		Port latches of rear seat
73-78	01		Starboard latches of rear seat

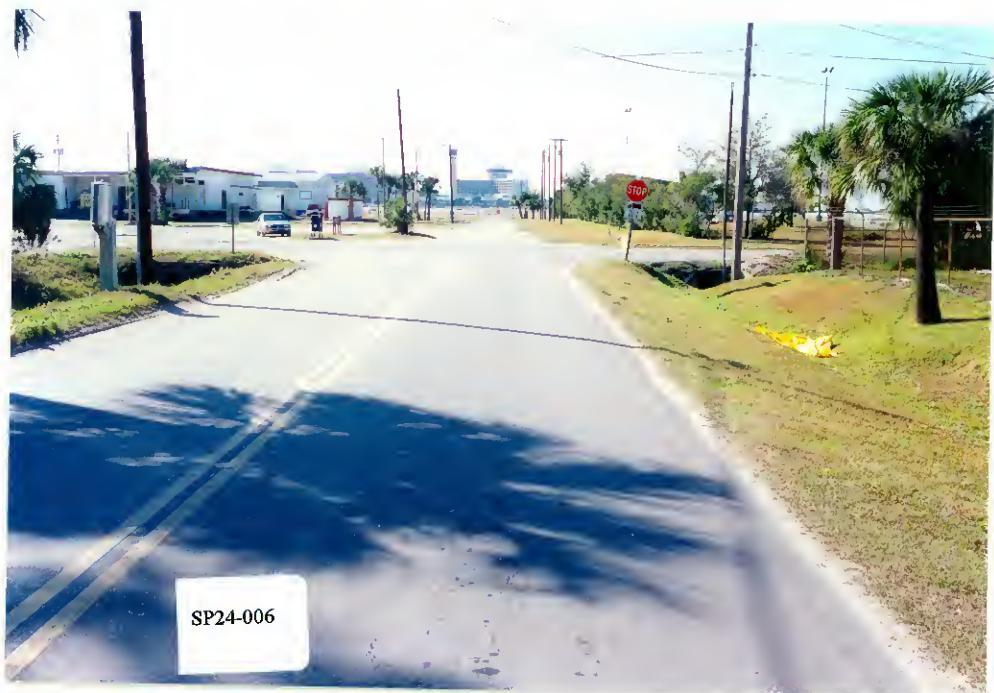




SP24-005



SP24-006



SP24-007



SP24-008











SP24-015



SP24-016





BEST AVAILABLE





SP24-025



SP24-026





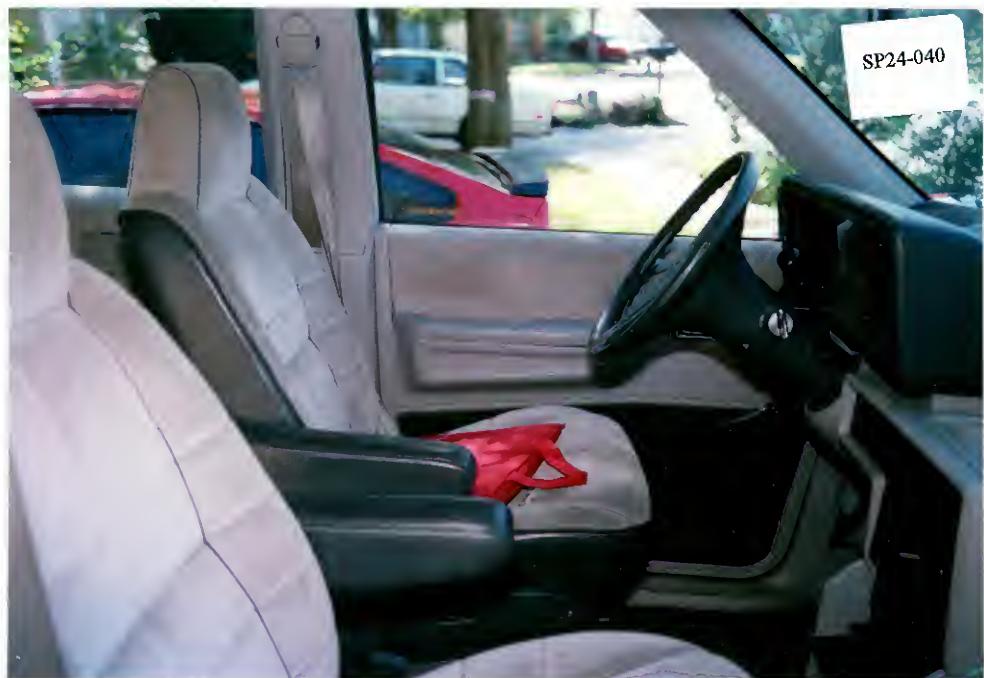














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SP24-045

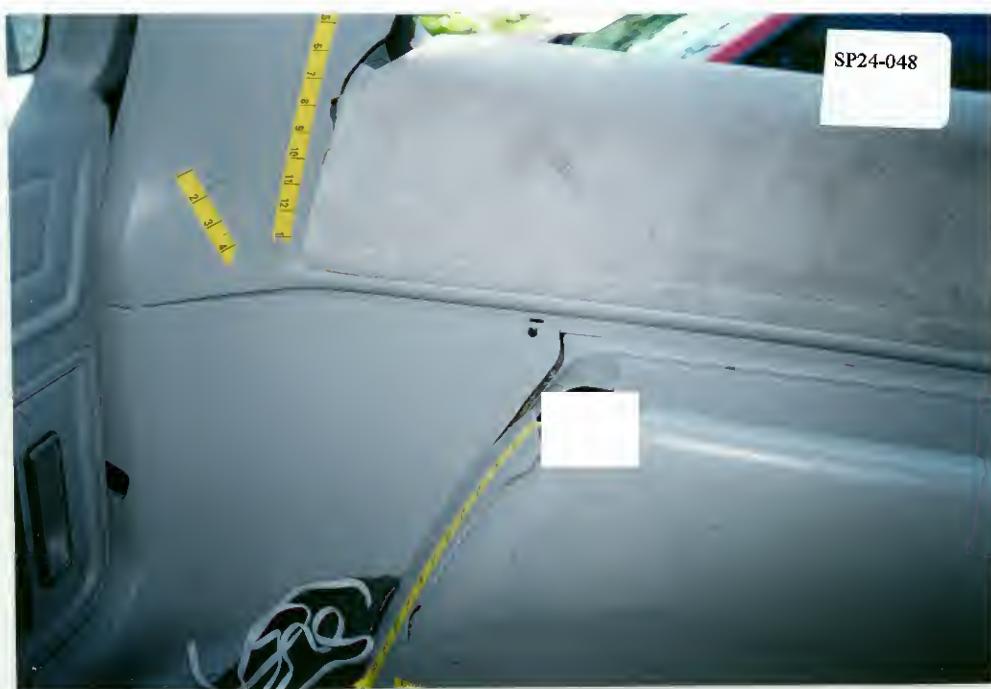


SP24-046





SP24-047



SP24-048





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SP24-057



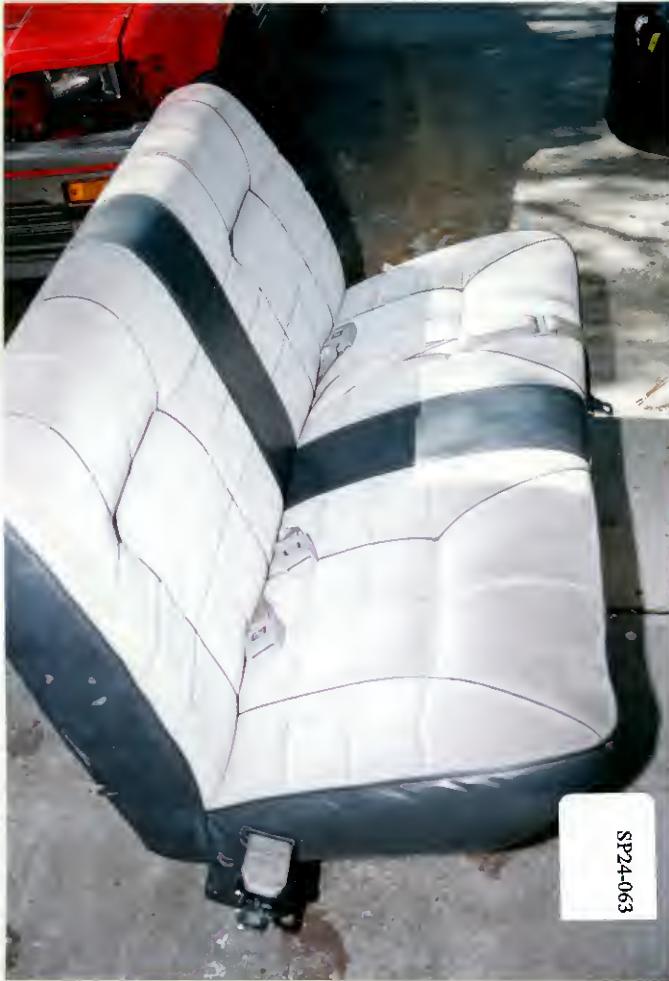
SP24-058



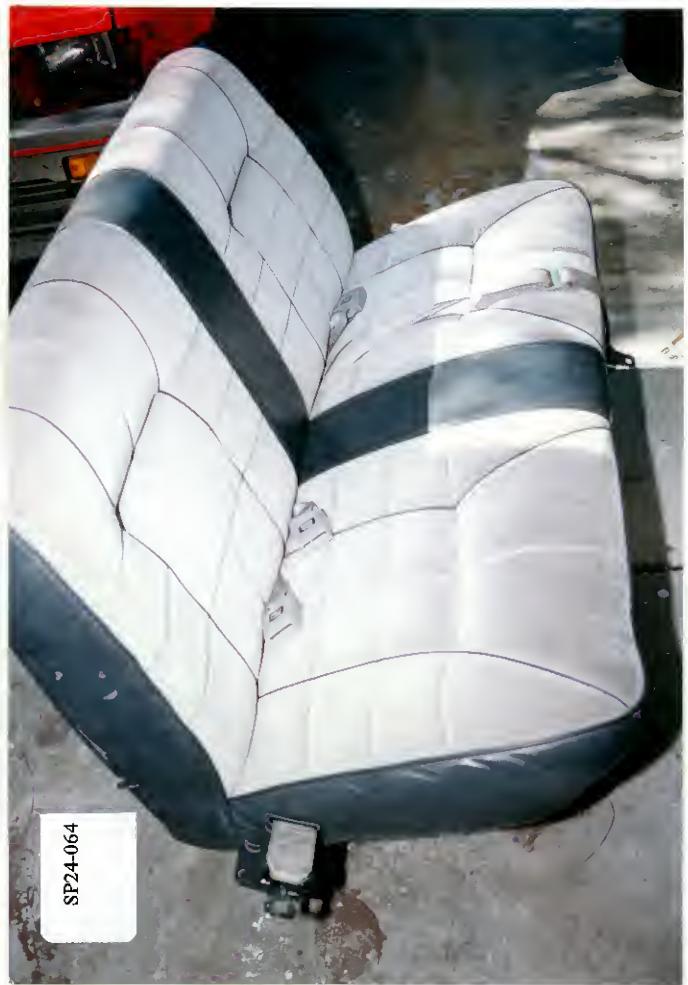
SP24-060







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BEST AVAILABLE



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072









## SLIDE INDEX

Case No. DSI-95-SP-024

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11-12	02	North	Direction of travel towards impact area
13	02	North-West	Impact area
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60-63	01		Rear liftgate latch
64-65	01		Rear bench seat
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CASE NUMBER DS95SP024

# MISSING SLIDES

THE FOLLOWING SLIDES ARE NOT INCLUDED IN THIS CASE:

SLIDE NUMBER(S)

1-71  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## ACCIDENT FORM

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

## SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

1. Primary Sampling Unit Number \_\_\_\_\_  
 2. Case Number - Stratum DST-95-Sp-24

## IDENTIFICATION

3. Number of General Vehicle Forms Submitted 02  
 4. Date of Accident (Month, Day, Year) WINTER WEEKDAY 1/19/94  
 5. Time of Accident EARLY EVENING HOURS

Code reported military time of accident.

NOTE: Midnight = 2400  
 Unknown = 9999

6. SS15 Administrative Use 0  
 7. SS16 Pedestrian Crash Data Study 0  
 8. SS17 Impact Fires 0  
 9. SS18 \_\_\_\_\_ 0  
 10. SS19 \_\_\_\_\_ 0

## NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 01

Code the number of events which occurred in this accident.

## ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>0 1</u>	14. <u>1 3</u>	15. <u>L</u>	16. <u>0 2</u>	17. <u>0 2</u>	18. <u>F</u>
19. <u>0 2</u>	20. _____	21. _____	22. _____	23. _____	24. _____	25. _____
26. <u>0 3</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>0 4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>0 5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

## CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle ( $\leq$  4,500 kgs GVWR)
- (13) Passenger van ( $\leq$  4,500 kgs GVWR)
- (14) Other van ( $\leq$  4,500 kgs GVWR)
- (15) Pickup truck ( $\leq$  4,500 kgs GVWR)
- (18) Other truck ( $\leq$  4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck ( $>$  4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

## CODES FOR GENERAL AREA OF DAMAGE (GAD)

### CDS APPLICABLE AND OTHER VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

### TDC APPLICABLE VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

## CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

### (01-30) — Vehicle Number

#### Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify): \_\_\_\_\_

(35) Noncollision injury

(38) Other noncollision (specify): \_\_\_\_\_

(39) Noncollision — details unknown

#### Collision With Fixed Object

- (41) Tree ( $\leq$  10 cm in diameter)
- (42) Tree ( $>$  10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

(45) Breakaway pole or post (any diameter)

#### Nonbreakaway Pole or Post

- (50) Pole or post ( $\leq$  10 cm in diameter)
- (51) Pole or post ( $>$  10 cm but  $\leq$  30 cm in diameter)
- (52) Pole or post ( $>$  30 cm in diameter)
- (53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail)  
(specify): \_\_\_\_\_

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify): \_\_\_\_\_

(69) Unknown fixed object

#### Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(79) Object fell from vehicle in-transport

(88) Other nonfixed object (specify): \_\_\_\_\_

(89) Unknown nonfixed object

(98) Other event (specify): \_\_\_\_\_

(99) Unknown event or object

GENERAL VEHICLE FORM NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number \_\_\_\_\_

2. Case Number - Stratum DSI - 95 - SP-243. Vehicle Number 01

## VEHICLE IDENTIFICATION

4. Vehicle Model Year 87Code the last two digits of the model year  
(99) Unknown5. Vehicle Make (specify): PLYMOUTH 49Applicable codes are found in your  
NASS Data Collection, Coding and  
Editing Manual.  
(99) Unknown6. Vehicle Model (specify): Voyager (SE) 442Applicable codes are found in your  
NASS Data Collection, Coding and  
Editing Manual.  
(999) Unknown7. Body Type 20Note: Applicable codes may be found on  
the back of this page.8. Vehicle Identification Number 2P4FH4L35HRXXXXXX

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify; Slash zeros and letter Z (0 and Z)  
No VIN—Code all zeros  
Unknown—Code all nines

## OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1(0) Not towed due to vehicle damage  
(1) Towed due to vehicle damage  
(9) Unknown10. Police Reported Travel Speed 0.32Code to the nearest kph (NOTE: 000 means  
less than 0.5 kph)  
(160) 159.5 kph and above  
(999) Unknown20 mph X 1.6093 = 32 kph

11. Police Reported Alcohol Presence

- (0) No alcohol present
- (1) Yes (alcohol present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

Note: See variables 37 through 55  
(Page 4) for information on Other Drugs12. Alcohol Test Result For Driver 96Code actual value (decimal implied  
before first digit—0.xx)

(95) Test refused

(96) None given

(97) AC test performed, results unknown

(98) No driver present

(99) Unknown

Source: \_\_\_\_\_

## ACCIDENT RELATED

13. Speed Limit 464(000) No statutory limit  
Code posted or statutory speed limit  
in kph  
(999) Unknown40 mph X 1.6093 = 64 kph14. Attempted Avoidance Maneuver 10

- (01) No avoidance actions
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (97) No driver present
- (98) Other action (specify):

(99) Unknown

15. Accident Type 89Applicable codes may be found on the  
back of page two of this field form

(00) No impact

Code the number of the diagram that  
best describes the accident circumstance  
(98) Other accident type (specify):  
 

(99) Unknown

\*\*\*\*\* SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 \*\*\*\*\*

# CODES FOR BODY TYPE

## CDS APPLICABLE VEHICLES

### *Automobiles*

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): \_\_\_\_\_
- (09) Unknown automobile type

### *Automobile Derivatives*

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

### *Utility Vehicles ( $\leq 4,500$ kgs GVWR)*

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

### *Van Based Light Trucks ( $\leq 4,500$ kgs GVWR)*

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ( $\leq 4,500$  kgs GVWR)
- (23) Van based motorhome ( $\leq 4,500$  kgs GVWR)
- (24) Van based school bus ( $\leq 4,500$  kgs GVWR)
- (25) Van based other bus ( $\leq 4,500$  kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): \_\_\_\_\_
- (29) Unknown van type

### *Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)*

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500,)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

### *Other Light Trucks ( $\leq 4,500$ kgs GVWR)*

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

## OTHER VEHICLES

### *Buses (Excludes Van Based)*

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): \_\_\_\_\_
- (59) Unknown bus type

### *Medium/Heavy Trucks ( $> 4,500$ kgs GVWR)*

- (60) Step van ( $> 4,500$  kgs GVWR)
- (61) Single unit straight truck ( $4,500$  kgs  $<$  GVWR  $\leq 8,850$  kgs)
- (62) Single unit straight truck ( $8,850$  kgs  $<$  GVWR  $\leq 12,000$  kgs)
- (63) Single unit straight truck ( $> 12,000$  kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

### *Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)*

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): \_\_\_\_\_
- (89) Unknown motored cycle type

### *Other Vehicles*

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

<b>OCCUPANT RELATED</b>	
16. Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown	<u>1</u>
17. Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown	<u>0</u> <u>10</u>
18. Number of Occupant Forms Submitted	<u>0</u> <u>10</u>
<b>VEHICLE WEIGHT ITEMS</b>	
19. Vehicle Curb Weight _____ Code weight to nearest 10 kilograms. (045) Less than 450 kilograms (610) 6,100 kilograms or more (999) Unknown	<u>1</u> <u>3</u> <u>5</u> 0
<u>2972</u> lbs X .4536 = <u>1348</u> kgs	
Source: _____	
20. Vehicle Cargo Weight _____ Code weight to nearest 10 kilograms. (000) Less than 5 kilograms (450) 4,500 kilograms or more (999) Unknown	<u>0</u> <u>0</u> <u>0</u> 0
<u>      </u> lbs X .4536 = <u>      </u> kgs	
<b>RECONSTRUCTION DATA</b>	
21. Towed Trailing Unit (0) No towed unit (1) Yes—towed trailing unit (9) Unknown	<u>0</u>
22. Documentation of Trajectory Data for This Vehicle (0) No (1) Yes	<u>0</u>
23. Post Collision Condition of Tree or Pole (For Highest Delta V) (0) Not collision (for highest delta V) with tree or pole (1) Not damaged (2) Cracked/sheared (3) Tilted < 45 degrees (4) Tilted ≥ 45 degrees (5) Uprooted tree (6) Separated pole from base (7) Pole replaced (8) Other (specify):  (9) Unknown	<u>0</u>
<b>OVERRIDE/UNDERRIDE (THIS VEHICLE)</b>	
25. Front Override/Underride (this Vehicle)	<u>0</u>
26. Rear Override/Underride (this Vehicle)	<u>0</u>
(0) No override/underride, or not an end-to-end impact	
<i>Override (see specific CDC)</i>	
(1) 1st CDC (2) 2nd CDC (3) Other not automated CDC (specify):	
<i>Underride (see specific CDC)</i>	
(4) 1st CDC (5) 2nd CDC (6) Other not automated CDC (specify):	
(7) Medium/heavy truck or bus override (9) Unknown	
<b>HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V</b>	
Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object (999) Unknown	
27. Heading Angle For This Vehicle	<u>27</u> <u>0</u>
28. Heading Angle For Other Vehicle	<u>33</u> <u>9</u>

Category	Configuration	ACCIDENT TYPES (Includes Intent)					
		Accident Types			Specifics		
I. Single Driver	A. Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN	
	B. Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN	
	C. Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
II. Same Trafficway Same Direction	D. Rear-End	20 STOPPED 21, 22, 23	22 BLOWER 25, 26, 27	24 25 26 27 DECEL. 29, 30, 31	28 30 29 31	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	34 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	38 AVOID COLLISION WITH VEH.	40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe Angle	44 45 LATERAL MOVE	46 45 47		(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	
III. Same Trafficway (Opposite Direction)	G. Head-On	50 LATERAL MOVE	51 (EACH • 52) SPECIFICS OTHER		(EACH • 53) SPECIFICS UNKNOWN		
	H. Forward Impact	54 CONTROL/ TRACTION LOSS	56 CONTROL/ TRACTION LOSS	58 AVOID COLLISION WITH VEH.	60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe Angle	64 LATERAL MOVE	65 (EACH • 66) SPECIFICS OTHER		(EACH • 67) SPECIFICS UNKNOWN		
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	68 INITIAL OPPOSITE DIRECTIONS	69 71 INITIAL SAME DIRECTIONS	70 73 72		(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN
	K. Turn Into Path	77 TURN INTO SAME DIRECTION	79 78	80 81	83 82	(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	86 87	88 89		(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
VI. Miscellaneous	M. Backing Etc.	92 BACKING VEH.	93 OTHER VEH. OR OBJECT		98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

<p>29. Basis for Total Delta V (highest) <u>3</u></p> <p><i>Delta V Calculated</i></p> <ol style="list-style-type: none"> <li>CRASH program—damage only routine</li> <li>CRASH program—damage and trajectory routine</li> <li>Missing vehicle algorithm</li> </ol> <p><i>Delta V Not Calculated</i></p> <ol style="list-style-type: none"> <li>At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.</li> <li>All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.</li> <li>All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.</li> </ol>	<p>32. Lateral Component of Delta V <u>+ - 0 0 5</u> Highest</p> <p><u>4.71</u> Nearest kph (highest)</p> <p>_____ Nearest kph (secondary)</p> <p>(NOTE: _000 means greater than -0.5 kph and less than +0.5 kph)      (-160) ± 159.5 kph and above      (_999) Unknown</p> <p>33. Energy Absorption <u>0 0 1, 9 0 0</u></p> <p><u>1,887.6</u> Nearest 100 joules (highest)</p> <p>_____ Nearest 100 joules (secondary)</p> <p>(NOTE: 0000 means less than 50 joules)      (9997) 999,650 joules or more      (9999) Unknown</p>
<b>COMPUTER GENERATED DELTA V</b>	
<p>30. Total Delta V <u>4.79</u> Highest</p> <p><u>4.79</u> Nearest kph (highest)</p> <p>_____ Nearest kph (secondary)</p> <p>(NOTE: 000 means less than 0.5 kph)      (160) 159.5 kph and above      (999) Unknown</p> <p>31. Longitudinal Component of Delta V <u>- .83</u></p> <p><u>- .83</u> Nearest kph (highest)</p> <p>_____ Nearest kph (secondary)</p> <p>(NOTE: _000 means greater than -0.5 kph and less than +0.5 kph)      (-160) ± 159.5 kph and above      (_999) Unknown</p>	<p>34. Confidence In Reconstruction Program Results (For Highest Delta V) <u>1</u></p> <ol style="list-style-type: none"> <li>No reconstruction</li> <li>Collision fits model — results appear reasonable</li> <li>Collision fits model — results appear high</li> <li>Collision fits model — results appear low</li> <li>Borderline reconstruction — results appear reasonable</li> </ol> <p>35. Type of Vehicle Inspection <u>1</u></p> <ol style="list-style-type: none"> <li>No inspection</li> <li>Complete inspection</li> <li>Partial inspection (specify): _____</li> </ol> <p>36. Is this an AOPS Vehicle? <u>0</u></p> <ol style="list-style-type: none"> <li>No</li> <li>Yes - researcher determined</li> <li>VIN determined air bag system</li> <li>VIN determined automatic (passive) belts</li> <li>VIN determined air bag and automatic (passive) belts</li> </ol>

IS OLDMISS APPLICABLE FOR THIS VEHICLE?  YES  NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED?  YES  NO

37. Police Reported Other Drug Presence
- (0) No other drug(s) present  
 (1) Yes [other drug(s) present]  
 (7) Not reported  
 (8) No driver present  
 (9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver
- (0) No DEC process available or given  
 (1) DEC process given, results known  
 (2) DEC process given, results unknown  
 (3) DEC process available, unknown if given  
 (8) No driver present

39. Other Drug Specimen Test Type For Driver
- (0) No specimen test given  
 (1) Blood test  
 (2) Urine test  
 (3) Other specimen tests (specify):  
(7) Unspecified specimen test  
 (8) No driver present  
 (9) Unknown if specimen test given

### DRUG EVALUATION CLASSIFICATION OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>Ø</u>	41. <u>Ø</u>
Depressant Drug	42. <u>Ø</u>	43. <u>Ø</u>
Stimulant Drug	44. <u>Ø</u>	45. <u>Ø</u>
Hallucinogen Drug	46. <u>Ø</u>	47. <u>Ø</u>
Cannabinoid Drug	48. <u>Ø</u>	49. <u>Ø</u>
Phencyclidine (PCP)	50. <u>Ø</u>	51. <u>Ø</u>
Inhalant Drug	52. <u>Ø</u>	53. <u>Ø</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>Ø</u>	55. <u>Ø</u>

#### Codes For DEC Test Results

- (0) No DEC test given  
 (1) Passed DEC test  
 (2) Failed DEC test  
 (3) DEC test given—results unknown  
 (8) No driver present  
 (9) Unknown if DEC test given

#### Codes for Specimen Test Results

- (0) No specimen test given  
 (1) Drug not found in specimen  
 (2) Drug found in specimen  
 (7) Specimen test given, results unknown or  
 not obtained  
 (8) No driver present  
 (9) Unknown if specimen test given

## CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover

(01-30) — Vehicle Number

### Noncollision

(31) Turn-over — fall-over

(33) Jackknife

### Collision With Fixed Object

(41) Tree ( $\leq$  10 cm in diameter)

(42) Tree ( $>$  10 cm in diameter)

(43) Shrubbery or bush

(44) Embankment

(45) Breakaway pole or post (any diameter)

### Nonbreakaway Pole or Post

(50) Pole or post ( $\leq$  10 cm in diameter)

(51) Pole or post ( $>$  10 cm but  $\leq$  30 cm in diameter)

(52) Pole or post ( $>$  30 cm in diameter)

(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail)  
(specify): \_\_\_\_\_

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

### Collision with Nonfixed Object

(71) Motor vehicle not in-transport

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(79) Object fell from vehicle in-transport

(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

**OTHER DATA****56. Driver's Zip Code**

- (00000) Driver not present  
 (00001) Driver not a resident of U.S. or territories  
 \_\_\_\_\_ Code actual 5-digit zip code  
 (99999) Unknown

**57. Driver's Race/Ethnic Origin**

- (0) Driver not present  
 (1) White (non-Hispanic)  
 (2) Black (non-Hispanic)  
 (3) White (Hispanic)  
 (4) Black (Hispanic)  
 (5) American Indian, Eskimo or Aleut  
 (6) Asian or Pacific Islander  
 (8) Other (specify):  
 (9) Unknown

**58. Vehicle Special Use (This Trip)**

- (0) No special use  
 (1) Taxi  
 (2) Vehicle used as school bus  
 (3) Vehicle used as other bus  
 (4) Military  
 (5) Police  
 (6) Ambulance  
 (7) Fire truck or car  
 (8) Other (specify):  
 (9) Unknown

**ROLLOVER DATA**

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.  
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.  
 If GV24 = 9, then GV59-GV63 must equal 9.

**59. Rollover Initiation Type**

- (0) No rollover  
 (1) Trip-over  
 (2) Flip-over  
 (3) Turn-over  
 (4) Climb-over  
 (5) Fall-over  
 (6) Bounce-over  
 (7) Collision with another vehicle  
 (8) Other rollover initiation type specify:  
 (9) Unknown rollover initiation type

**60. Location of Rollover Initiation**

- (0) No rollover  
 (1) On roadway  
 (2) On shoulder—paved  
 (3) On shoulder—unpaved  
 (4) On roadside or divided trafficway median  
 (9) Unknown

**61. Rollover Initiation Object Contacted***(D D)***62. Location on Vehicle Where Initial Principal Tripping Force Is Applied**

- (0) No rollover  
 (1) Wheels/tires  
 (2) Side plane  
 (3) End plane  
 (4) Undercarriage  
 (5) Other location on vehicle (specify):  
 (8) Non-contact rollover forces (specify):  
 (9) Unknown

**63. Direction of Initial Roll**

- (0) No rollover  
 (1) Roll right - primarily about the longitudinal axis  
 (2) Roll left - primarily about the longitudinal axis  
 (5) End-over-end (i.e., primarily about the lateral axis)  
 (9) Unknown roll direction

**PRECRASH DATA****64. Pre-Event Movement (Prior to Recognition of Critical Event)**

- (01) Going straight  
 (02) Slowing or stopping in traffic lane  
 (03) Starting in traffic lane  
 (04) Stopped in traffic lane  
 (05) Passing or overtaking another vehicle  
 (06) Disabled or parked in travel lane  
 (07) Leaving a parking position  
 (08) Entering a parking position  
 (09) Turning right  
 (10) Turning left  
 (11) Making a U-turn  
 (12) Backing up (other than for parking position)  
 (13) Negotiating a curve  
 (14) Changing lanes  
 (15) Merging  
 (16) Successful avoidance maneuver to a previous critical event  
 (97) Other (specify):  
 (98) No driver present  
 (99) Unknown

## PRECRASH DATA (Continued)

65. Critical Precrash Event 17*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): \_\_\_\_\_
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): \_\_\_\_\_
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): \_\_\_\_\_
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): \_\_\_\_\_
- (09) Unknown cause of control loss

*This Vehicle Traveling*

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

*Other Motor Vehicle In Lane*

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

*Other Motor Vehicle Encroaching Into Lane*

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

*Pedestrian or Pedalcyclist, or Other Nonmotorist*

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): \_\_\_\_\_
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): \_\_\_\_\_
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): \_\_\_\_\_

*Object or Animal*

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): \_\_\_\_\_
- (99) Unknown

For Corrective Actions Attempted see variable GV14  
(Attempted Avoidance Maneuver)

66. Precrash Stability After Avoidance Maneuver 1

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): \_\_\_\_\_
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 1

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

\*\*\* IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35=0), \*\*\*  
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

\*\*\* IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE \*\*\*  
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,  
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



**EXTERIOR VEHICLE FORM**      **NATIONAL ACCIDENT SAMPLING SYSTEM**  
**CRASHWORTHINESS DATA SYSTEM**

## **1. Primary Sampling Unit Number**

### **3. Vehicle Number**

2. Case Number - Stratum DS1-95-SP-24

中

## **VEHICLE IDENTIFICATION**

VIN 2P4FH4135HR Model Year 87  
Vehicle Make (specify): PLYMOUTH Vehicle Model (specify): VOYAGER (SE)

## **LOCATOR**

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
(1)	LR Q-PANEL	BEGINS @ LR Bumper Corner

## **CRUSH PROFILE IN CENTIMETERS**

**NOTES:** Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

**Measure and document on the vehicle diagram the location of maximum crush.**

**Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts**

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

**Use as many lines/columns as necessary to describe each damage profile**

**ORIGINAL SPECIFICATIONS WORK SHEET**

Wheelbase	<u>1 1 2 . 2</u>	inches x 2.54 =	<u>2 8 5</u> cm
Overall Length	<u>1 7 4 . 4</u>	inches x 2.54 =	<u>4 4 7</u> cm
Maximum Width	<u>1 6 9 . 7</u>	inches x 2.54 =	<u>1 7 7</u> cm
Curb Weight	<u>2 . 9 7 2</u>	pounds x .4536 =	<u>1 . 3 4 8</u> kg
Average Track	<u>N/A . .</u>	inches x 2.54 =	<u>N/A</u> cm
Front Overhang	<u>3 1 . 9</u>	inches x 2.54 =	<u>8 1</u> cm
Rear Overhang	<u>2 9 . 9</u>	inches x 2.54 =	<u>7 6</u> cm
Undeformed End Width	<u>N/A . .</u>	inches x 2.54 =	<u>N/A</u> cm
Engine Size: cyl./displ.	<u>3 0 0 0</u> cc	x .001 =	<u>3 . 0</u> L
	<u>1 8 3</u> CID	x .0164 =	<u>3 . 0</u> L

## VEHICLE DAMAGE SKETCH

## TIRE-WHEEL DAMAGE

- a. Rotation physically restricted      b. Tire deflated

RF 2  
LF 2  
RR 2  
LR 2

RF 2  
LF 2  
RR 2  
LR 2

(1) Yes (2) No (8) NA (9) Unk.

## TYPE OF TRANSMISSION

Manual     Automatic

## ORIGINAL SPECIFICATIONS

Wheelbase	<u>285</u>	cm
Overall Length	<u>447</u>	cm
Maximum Width	<u>177</u>	cm
Curb Weight	<u>1348</u>	kg
Average Track	<u>N/A</u>	cm
Front Overhang	<u>81</u>	cm
Rear Overhang	<u>74</u>	cm
Undeformed End Width	<u>N/A</u>	cm
Engine Size: cyl./displ.	<u>13.0</u>	L

WHEEL STEER ANGLES  
(For locked front wheels or displaced rear axles only)

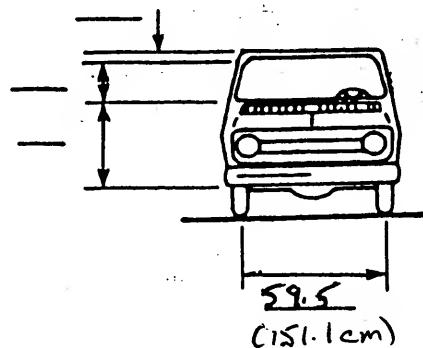
RF  $\pm$  \_\_\_\_\_ °  
LF  $\pm$  \_\_\_\_\_ °  
RR  $\pm$  \_\_\_\_\_ °  
LR  $\pm$  \_\_\_\_\_ °  
Within  $\pm$  5 degrees

## DRIVE WHEELS

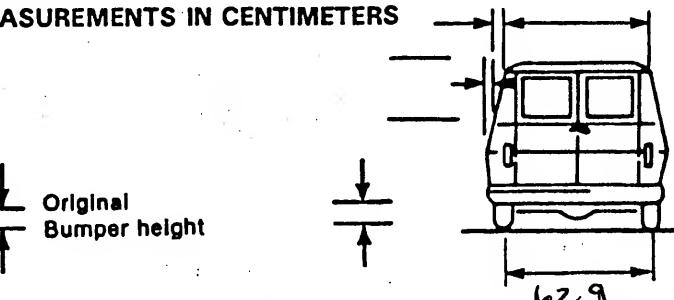
FWD     RWD     4WD

Approximate Cargo Weight 0 kg

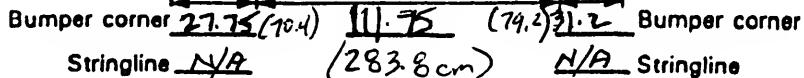
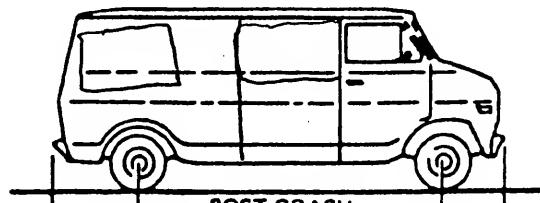
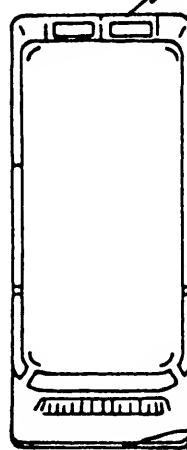
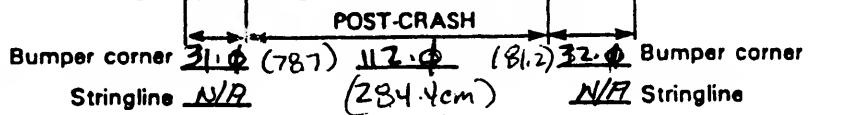
## MEASUREMENTS IN CENTIMETERS



Original Bumper height



LIFT GATE  
Will NOT  
LOCK



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

## CDC WORKSHEET

## **CODES FOR OBJECT CONTACTED**

**(01-30) — Vehicle Number**

Noncollision

- (31) Overturn — rollover
  - (32) Fire or explosion
  - (33) Jackknife
  - (34) Other intraunit damage (specify):

**(35) Noncollision injury**

**(38) Other noncollision (specify):**

**(39) Noncollision — details unknown**

## Collision With Fixed Object

- (41) Tree ( $\leq$  10 cm in diameter)
  - (42) Tree ( $>$  10 cm in diameter)
  - (43) Shrubbery or bush
  - (44) Embankment

(45) Breakaway pole or post (any diameter)

#### **Nonbreakaway Pole or Post**

- (50) Pole or post ( $\leq$  10 cm in diameter)
  - (51) Pole or post (> 10 cm but  $\leq$  30 cm in diameter)
  - (52) Pole or post (> 30 cm in diameter)
  - (53) Pole or post (diameter unknown)
  
  - (54) Concrete traffic barrier
  - (55) Impact attenuator
  - (56) Other traffic barrier (includes guardrail)  
(specify):

- (57) Fence  
(58) Wall  
(59) Building  
(60) Ditch or culvert  
(61) Ground  
(62) Fire hydrant  
(63) Curb  
(64) Bridge  
(68) Other fixed object (specify):  
  
(69) Unknown fixed object

## Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
  - (72) Pedestrian
  - (73) Cyclist or cycle
  - (74) Other nonmotorist or conveyance

- (75) Vehicle occupant
  - (76) Animal
  - (77) Train
  - (78) Trailer, disconnected in transport
  - (79) Object fell from vehicle in-transport
  - (88) Other nonfixed object (specify):

- (89) Unknown nonfixed object**

- (98) Other event (specify):**

- (99) Unknown event or object**

## DEFORMATION CLASSIFICATION BY EVENT NUMBER

## COLLISION DEFORMATION CLASSIFICATION

## HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>φ L</u>	5. <u>φ 2</u>	6. <u>φ 9</u>	7. <u>L</u>	8. <u>B</u>	9. <u>E</u>	10. <u>W</u>	11. <u>φ 2</u>

## Second Highest Delta "V"

12. \_\_\_\_\_ 13. \_\_\_\_\_ 14. \_\_\_\_\_ 15. \_\_\_\_\_ 16. \_\_\_\_\_ 17. \_\_\_\_\_ 18. \_\_\_\_\_ 19. \_\_\_\_\_

## CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

## HIGHEST DELTA "V"

20. L      21. C<sub>1</sub>      C<sub>2</sub>      C<sub>3</sub>      C<sub>4</sub>      C<sub>5</sub>      C<sub>6</sub>      22. ± D

φ 6 5    φ 1 φ    φ φ φ    -----    -----    -----    -----    + 0 1 1 φ

## Second Highest Delta "V"

23. L      24. C<sub>1</sub>      C<sub>2</sub>      C<sub>3</sub>      C<sub>4</sub>      C<sub>5</sub>      C<sub>6</sub>      25. ± D

-----    -----    -----    -----    -----    -----    + -

26. Are CDCs Documented but Not Coded on The Automated File?  
 (0) No  
 (1) Yes

φ

27. Researcher's Assessment of Vehicle Disposition  
 (0) Not towed due to vehicle damage  
 (1) Towed due to vehicle damage  
 (9) Unknown

φ

28. Original Wheelbase \_\_\_\_\_ Code to the nearest centimeter  
 (999) Unknown

2 8 , 5

1 1 2 . 2 inches X 2.54 = 2 8 5 centimeters

## 29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications  
 (1) Yes - post manufacturer modifications  
 (specify): \_\_\_\_\_

(Include photograph of CERTIFICATION PLACARD in case report)

- (9) Unknown if vehicle is modified

## 30. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor  
 (2) Major  
 (9) Unknown

## 31. Origin of Fire

- (0) No fire  
 (1) Vehicle exterior (front, side, back, top)  
 (2) Exhaust system  
 (3) Fuel tank (and other fuel retention system parts)  
 (4) Engine compartment  
 (5) Cargo/trunk compartment  
 (6) Instrument panel  
 (7) Passenger compartment area  
 (8) Other location (specify):  
 \_\_\_\_\_

- (9) Unknown

## 32. Type of Fuel Tank-1

## 33. Type of Fuel Tank-2

- (0) No fuel tank (electrical vehicle)  
 (1) Metallic  
 (2) Non-metallic  
 (9) Unknown

## 34. Fuel Tank-1 Location

- (0) No fuel tank  
 (1) Aft of center of the rear wheels (rear axle) centered  
 (2) Aft of center of the rear wheels (rear axle) left side  
 (3) Aft of center of the rear wheels (rear axle) right side  
 (4) Forward of center of the rear wheels (rear axle) centered  
 (5) Forward of center of the rear wheels (rear axle) left side  
 (6) Forward of center of the rear wheels (rear axle) right side  
 (7) Over center of the rear wheels (rear axle)  
 (8) Other (specify):  
 \_\_\_\_\_  
 (9) Unknown

## 36. Fuel Tank-1 Filler Cap Location

- (0) No fuel tank  
 (1) On back plane  
 (2) Aft of center of the rear wheels (rear axle) on left side plane  
 (3) Aft of center of the rear wheels (rear axle) on right side plane  
 (4) Forward of center of the rear wheels (rear axle) on left side plane  
 (5) Forward of center of the rear wheels (rear axle) on right side plane  
 (6) Over the center of the rear wheels (rear axle) on left side plane  
 (7) Over the center of the rear wheels (rear axle) on right side plane  
 (8) Other (specify):  
 \_\_\_\_\_  
 (9) Unknown

## 38. Fuel Tank-1 Damage

## 39. Fuel Tank-2 Damage

- (0) No fuel tank  
 (1) No damage to fuel tank  
 (2) Deformed, no seam failure  
 (3) Deformed, with a seam failure  
 (4) Punctured  
 (5) Lacerated (ripped)  
 (6) Abraded (scraped)  
 (7) Filler neck separation from the fuel tank  
 (8) Other damage (specify):  
 \_\_\_\_\_

- (9) Unknown





## INTERIOR VEHICLE FORM

BEST AVAILABLE

1. Primary Sampling Unit Number \_\_\_\_\_  
 2. Case Number - Stratum DSI - 95-SP-24  
 3. Vehicle Number 9+

## INTEGRITY

4. Passenger Compartment Integrity  
 (00) No integrity loss 98

- Yes, Integrity Was Lost Through  
 (01) Windshield  
 (02) Door (side)  
 (03) Door/hatch (back door) /  
 (04) Roof  
 (05) Roof glass  
 (06) Side window /  
 (07) Rear window (backlight)  
 (08) Roof and roof glass  
 (09) Windshield and door (side)  
 (10) Windshield and roof  
 (11) Side and rear window (side window and backlight)  
 (12) Windshield and side window  
 (13) Door and side window  
 (98) Other combination of above (specify): 03 < 06  
 (99) Unknown \_\_\_\_\_

## Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 0 9. TG/H 2
- (0) No door/gate/hatch  
 (1) Door/gate/hatch remained closed and operational  
 (2) Door/gate/hatch came open during collision  
 (3) Door/gate/hatch jammed shut  
 (8) Other (specify):  
 (9) Unknown \_\_\_\_\_

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 2
- (0) No door/gate/hatch or door not opened

- Door, Tailgate or Hatch Came Open During Collision  
 (1) Door operational (no damage)  
 (2) Latch/striker failure due to damage  
 (3) Hinge failure due to damage  
 (4) Door structure failure due to damage  
 (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage  
 (6) Latch/striker and hinge failure due to damage  
 (8) Other failure (specify):  
 (9) Unknown \_\_\_\_\_

## GLAZING

## Glazing Damage from Impact Forces

15. WS 0 16. LF 0 17. RF 0 18. LR 0 19. RR 0  
 20. BL 0 21. Roof 8 22. Other 6

- (0) No glazing damage from impact forces  
 (2) Glazing in place and cracked from impact forces  
 (3) Glazing in place and holed from impact forces  
 (4) Glazing out-of-place (cracked or not) and not holed from impact forces  
 (5) Glazing out-of-place and holed from impact forces  
 (6) Glazing disintegrated from impact forces  
 (7) Glazing removed prior to accident  
 (8) No glazing  
 (9) Unknown if damaged

## Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0  
 28. BL 0 29. Roof 0 30. Other 6

- (0) No occupant contact to glazing or no glazing  
 (1) Glazing contacted by occupant but no glazing damage  
 (2) Glazing in place and cracked by occupant contact  
 (3) Glazing in place and holed by occupant contact  
 (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact  
 (5) Glazing out-of-place by occupant contact and holed by occupant contact  
 (6) Glazing disintegrated by occupant contact  
 (9) Unknown if contacted by occupant

If No Glazing Damage And No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

## Type of Window/Windshield Glazing

31. WS 0 32. LF 0 33. RF 0 34. LR 0 35. RR 0  
 36. BL 0 37. Roof 0 38. Other 2

- (0) No glazing contact and no damage, or no glazing  
 (1) AS-1 — Laminated  
 (2) AS-2 — Tempered  
 (3) AS-3 — Tempered-tinted  
 (4) AS-14 — Glass/Plastic  
 (8) Other (specify):  
 (9) Unknown \_\_\_\_\_

## Window Precrash Glazing Status

39. WS 0 40. LF 0 41. RF 0 42. LR 0 43. RR 0  
 44. BL 0 45. Roof 0 46. Other 2

- (0) No glazing contact and no damage, or no glazing  
 (1) Fixed  
 (2) Closed  
 (3) Partially opened  
 (4) Fully opened  
 (9) Unknown

## AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

## AIR BAGS

		Left	Right
F I R S T	Availability/Function	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Deployment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Failure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Air Bag System Availability/Function

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):  
 (3) Air bag not reinstalled  
 (9) Unknown

## Air Bag System Deployment

- (0) Not equipped/not available  
 (1) Air bag deployed during accident (as a result of impact)  
 (2) Air bag deployed inadvertently just prior to accident  
 (3) Air bag deployed, accident sequence undetermined  
 (4) Nondeployed  
 (5) Unknown if deployed  
 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (9) Unknown

## Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):  
 (9) Unknown

## AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Type	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Proper Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Failure Modes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Automatic (Passive) Belt System

## Availability/Function

- (0) Not equipped/not available  
 (1) 2 point automatic belts  
 (2) 3 point automatic belts  
 (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative  
 (9) Unknown

## Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Automatic belt in use  
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative)  
 (3) Automatic belt use unknown  
 (9) Unknown

## Automatic (Passive) Belt System Type

- (0) Not equipped/not available  
 (1) Non-motorized system  
 (2) Motorized system  
 (9) Unknown

## Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used  
 (1) Automatic belt used properly  
 (2) Automatic belt used properly with child safety seat

## Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm  
 (4) Automatic shoulder belt worn behind back  
 (5) Automatic belt worn around more than one person  
 (6) Lap portion of automatic belt worn on abdomen  
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system  
 (specify): \_\_\_\_\_

## Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use  
 (1) No automatic belt failure(s)  
 (2) Torn webbing (stretched webbing not included)  
 (3) Broken buckle or latchplate  
 (4) Upper anchorage separated  
 (5) Other anchorage separated (specify):  
 (6) Broken retractor  
 (7) Combination of above (specify):  
 (8) Other automatic belt failure (specify):  
 (9) Unknown

## CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number	03					
1. Type of Child Safety Seat	2					
2. Child Safety Seat Orientation	02					
3. Child Safety Seat Harness Usage	11					
4. Child Safety Seat Shield Usage	03					
5. Child Safety Seat Tether Usage	03					
6. Child Safety Seat Make/Model		Specify Below for Each Child Safety Seat				

**1. Type of Child Safety Seat**

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):  
INTEGRATE INTO SEAT
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

**2. Child Safety Seat Orientation**

- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

(29) Unknown orientation

**(99) Unknown if child safety seat used**

**3. Child Safety Seat Harness Usage**

**4. Child Safety Seat Shield Usage**

**5. Child Safety Seat Tether Usage**

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

**(99) Unknown if child safety seat used**

**6. Child Safety Seat Make/Model**

(Specify make/model and occupant number)

---



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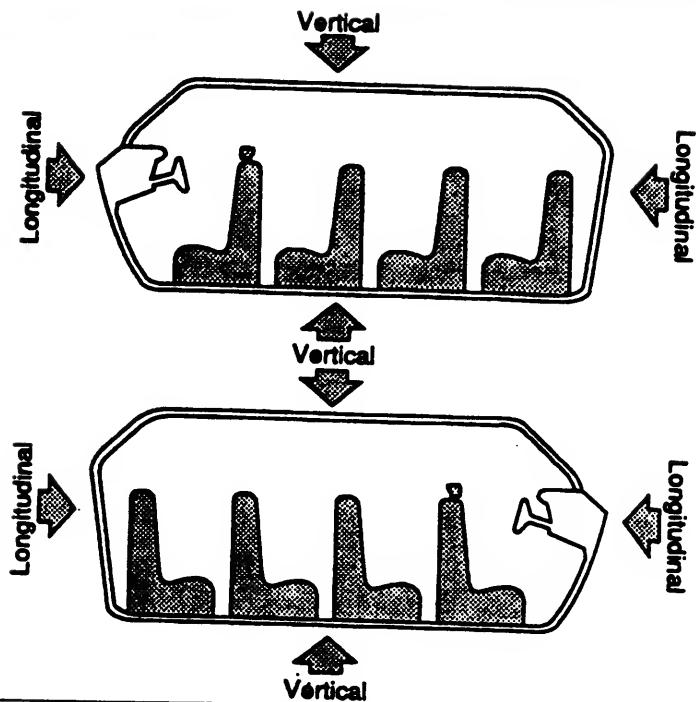
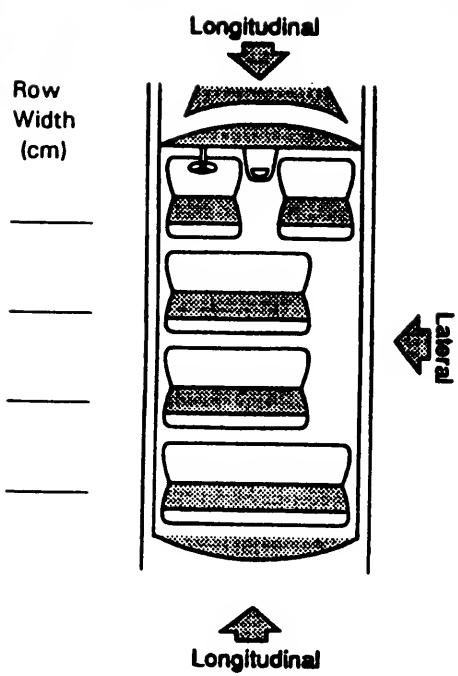
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## **INTRUSION WORKSHEET**

**Note: Sketch intruded areas**



**Document no more than the 15 most severe intrusions**

## OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. <i>(Handwritten)</i>	65. _____	66. _____
6th	67. <i>(Handwritten)</i>	68. <i>(Handwritten)</i>	69. _____	70. _____
7th	71. <i>(Handwritten)</i>	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

## LOCATION OF INTRUSION

Front Seat  
 (11) Left  
 (12) Middle  
 (13) Right

Fourth Seat  
 (41) Left  
 (42) Middle  
 (43) Right

Second Seat  
 (21) Left  
 (22) Middle  
 (23) Right

(97) Catastrophic  
 (98) Other enclosed  
area (specify)

Third Seat  
 (31) Left  
 (32) Middle  
 (33) Right

(99) Unknown

## INTRUDING COMPONENT

*Interior Components*

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):

- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

*Exterior Components*

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

## MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

## DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

**STEERING RIM/SPOKE DEFORMATION**

(All Measurements Are In Centimeters)

COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

-	-	-	=	
---	---	---	---	--

	-		=	
--	---	--	---	--

-	-	-	=	
---	---	---	---	--

-	-	-	=	
---	---	---	---	--

**STEERING COLUMN**

- 87. Steering Column Type**
- (1) Fixed column
  - (2) Tilt column
  - (3) Telescoping column
  - (4) Tilt and telescoping column
  - (8) Other column type (specify):  
(9) Unknown

- 88. Blank**  
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

2X X

- 89. Blank**  
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

X X X

- 90. Blank**  
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

X X X

- 91. Blank**  
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.)

X X X

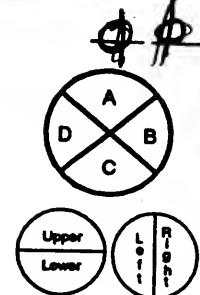
- 92. Steering Rim/Spoke Deformation**  
Code actual measured  
deformation to the nearest centimeter  
(00) No steering rim deformation  
(01-14) Actual measured value in centimeters  
(15) 15 centimeters or more  
(98) Observed deformation cannot be measured  
(99) Unknown

Φ Φ

- 93. Location of Steering Rim/Spoke Deformation**

**Quarter Sections**

- (01) Section A
- (02) Section B
- (03) Section C
- (04) Section D

**Half Sections**

- (05) Upper half of rim/spoke
- (06) Lower half of rim/spoke
- (07) Left half of rim/spoke
- (08) Right half of rim/spoke
- (09) Complete steering wheel collapse
- (10) Undetermined location
- (99) Unknown

**INSTRUMENT PANEL**

- 94. Odometer Reading**

224,000

- kilometers—Code to the nearest 1,000 kilometers
- (000) No odometer
  - (001) Less than 1,500 kilometers
  - (500) 499,500 kilometers or more
  - (999) Unknown

139.Φ37 miles × 1.6093 = 223.752 kilometers

Source: \_\_\_\_\_

- 95. Instrument Panel Damage from Occupant Contact?**

- (0) No
- (1) Yes
- (9) Unknown

Φ

- 96. Knee Bolsters Deformed from Occupant Contact?**

- (0) No
- (1) Yes
- (8) Not present
- (9) Unknown

8

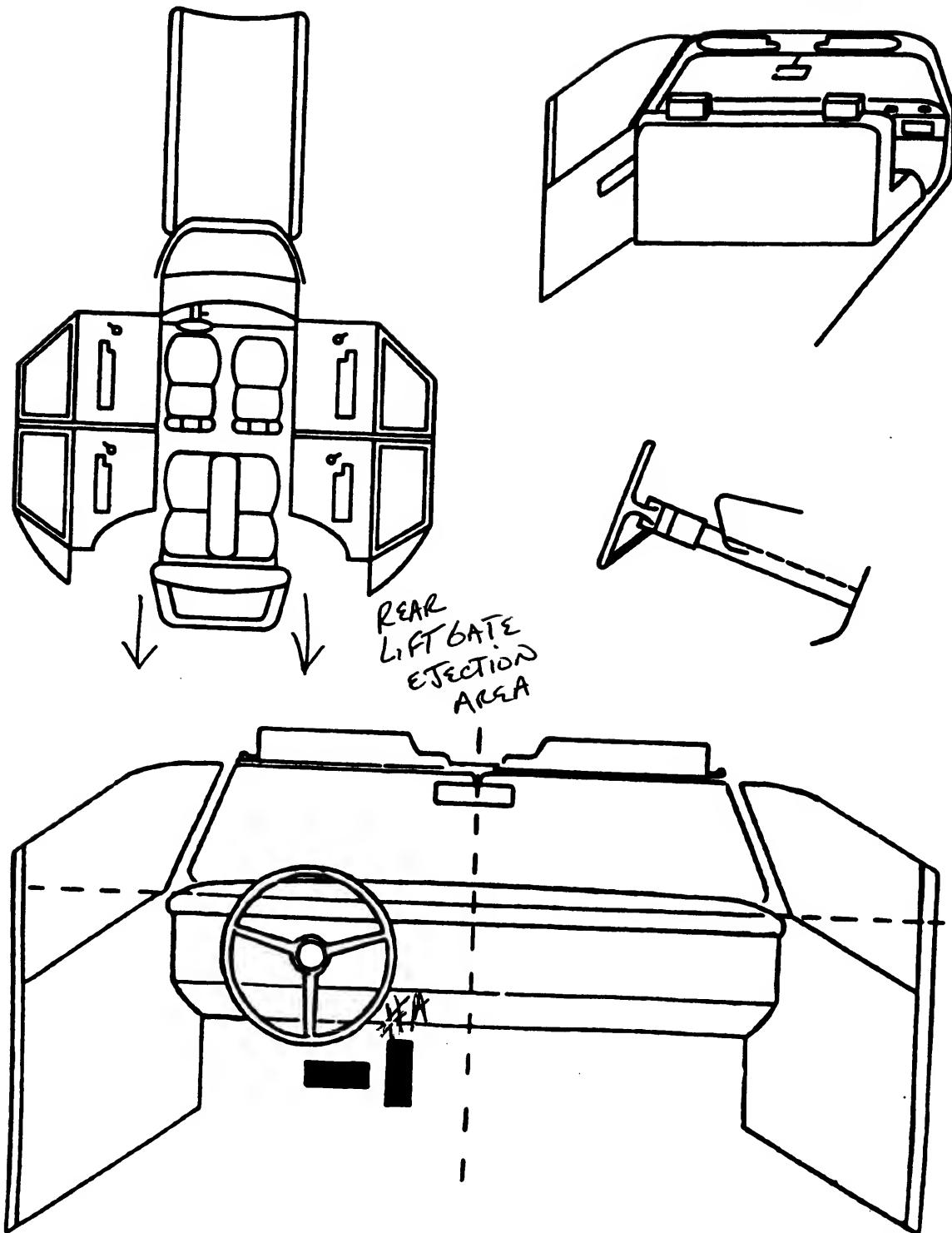
- 97. Did Glove Compartment Door Open During Collision(s)?**

- (0) No
- (1) Yes
- (8) Not present
- (9) Unknown

Φ

## VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

## POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	φ9	φ1	L6b	<del>EXHAUST</del> DAMAGED MOLDING	1
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

## CODES FOR INTERIOR COMPONENTS

## FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (19) Other front object (specify): \_\_\_\_\_

## LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

(23) Left B-pillar

(24) Other left pillar (specify): \_\_\_\_\_

(46) Other occupants (specify): \_\_\_\_\_

(47) Interior loose objects

(48) Child safety seat (specify): \_\_\_\_\_

(49) Other interior object (specify): \_\_\_\_\_

## ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

## FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

## REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): \_\_\_\_\_

## INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): \_\_\_\_\_
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

## CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

## MANUAL RESTRAINTS

**NOTES:** Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
F I R S T	Availability	4	Φ	4
	Evidence of usage	Φ4	ΦΦ	Φ4
	Used in this crash?	YES	Φ	YES
	Proper Use	YES	Φ	YES
	Failure Modes	1	Φ	1
S E C O N D	Availability	Φ	Φ	Φ
	Evidence of usage	ΦΦ	ΦΦ	ΦΦ
	Used in this crash?	NO	NO	NO
	Proper Use	Φ	Φ	Φ
	Failure Modes	Φ	Φ	Φ
O T H E R	Availability	3	3	3
	Evidence of usage	Φ3	Φ3	Φ3
	Used in this crash?	NO	NO	NO
	Proper Use	Φ	Φ	Φ
	Failure Modes	Φ	Φ	Φ

**Manual (Active) Belt System Availability**

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

**Integral Belt Partially Destroyed**

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

**Proper Use of Manual (Active) Belts**

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

**Belt Used Improperly**

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify): \_\_\_\_\_
- (9) Unknown \_\_\_\_\_

**Manual (Active) Belt System Use**

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): \_\_\_\_\_
- (02) Shoulder belt \_\_\_\_\_
- (03) Lap belt \_\_\_\_\_
- (04) Lap and shoulder belt \_\_\_\_\_
- (05) Belt used - type unknown \_\_\_\_\_
- (08) Other belt used (specify): \_\_\_\_\_
- (12) Shoulder belt used with child safety seat \_\_\_\_\_
- (13) Lap belt used with child safety seat \_\_\_\_\_
- (14) Lap and shoulder belt used with child safety seat \_\_\_\_\_
- (15) Belt used with child safety seat - type unknown \_\_\_\_\_
- (18) Other belt used with child safety seat (specify): \_\_\_\_\_
- (99) Unknown if belt used \_\_\_\_\_

**Manual (Active) Belt Failure Modes During Accident**

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other manual belt failure (specify): \_\_\_\_\_
- (9) Unknown \_\_\_\_\_

## HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	1	Φ	1
	Seat Type	Φ 1	Φ Φ	Φ 1
	Seat Performance	1	Φ	1
	Seat Orientation	1	Φ	1
S E C O N D	Head Restraint Type/Damage	Φ	Φ	Φ
	Seat Type	Φ 3	Φ Φ	Φ 3
	Seat Performance	1	Φ	1
	Seat Orientation	1	Φ	1
T H I R D	Head Restraint Type/Damage	Φ	Φ	Φ
	Seat Type	Φ 3	Φ 3	Φ 3
	Seat Performance	4	4	4
	Seat Orientation	1	1	1
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

## Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify:  
INTEGRAL WHEN USED AS CHILD SEAT
- (9) Unknown

## Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify): \_\_\_\_\_

(8) Other (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

## Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
  - (01) Bucket
  - (02) Bucket with folding back
  - (03) Bench
  - (04) Bench with separate back cushions
  - (05) Bench with folding back(s)
  - (06) Split bench with separate back cushions
  - (07) Split bench with folding back(s)
  - (08) Pedestal (i.e., column supported)
  - (09) Other seat type (specify):
- (10) Box mounted seat (i.e., van type)  
(99) Unknown

## Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

(9) Unknown \_\_\_\_\_

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

**EJECTION/ENTRAPMENT DATA**

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

**EJECTION** No [ ] Yes

Describe indications of ejection and body parts involved in partial ejection(s):

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Occupant Number	φ5	φ6				
Ejection	1	1				
(Note on Vehicle Interior Sketch) Ejection Area	6	6				
Ejection Medium	1	1				
Medium Status	2	2				

**Ejection**

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

**Ejection Area**

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

- (7) Roof
- (8) Other area (e.g., back of pickup, etc.) (specify): \_\_\_\_\_
- (9) Unknown

**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_

- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_

- (9) Unknown

**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

**ENTRAPMENT**

No  Yes [ ]

Describe entrapment mechanism:

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Component(s): \_\_\_\_\_

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(Note in vehicle interior diagram)

## Interview Form

**Case Number:** DSI-95-SP-24  
**Vehicle Number:** 01  
**Interviewee:** Driver  
**Accident Date/Time:** Winter weekday/early evening hours

### Description of Accident

I was going west coming up to the stop sign, and I wasn't going any faster than 32 KPH (20 MPH). When I stepped on the brake it slowed me down, but I wasn't stopping. I rolled into the intersection and I was about to try the emergency brake. I saw the other cars lights coming right at me. I stepped on the accelerator to try to get across the intersection. I thought I had made it but the right front corner of the other car caught my back end. The van started spinning around to the left.

When I came to a stop we were facing in the opposite direction we were coming from. My sons that had been in the back seat were laying on the ground on top of the seat. Somehow the seat had released itself, and it fell out. They still had their seat belts on. There was glass all over the inside of the van.

My left knee hurt because I think I hit it on the dashboard. We went to see the other car and he was saying his legs hurt. The other car had an airbag, and it was opened.

Three of my sons were complaining of pain a couple of days later so we took them to the clinic to get them checked out.

<b>Seat Position</b>	Left Front	Right Front	Left Center
<b>Age/Sex</b>	40/male	15/male	<b>4/male</b>
<b>Height/Weight</b>	180 cm/71 kg.	168 cm/54 kg	94 cm/18 kg
<b>Posture</b>	Normal	Normal	Normal
<b>Ejection</b>	No	No	No
<b>Entrapment</b>	No	No	No
<b>Restraint Type</b>	Lap & Shoulder	Lap/shoulder	Integrated child seat
<b>Usage/Failures</b>	Use/none	Used/none	Used/none
<b>Treatment</b>	None	None	3 days later at a medical clinic
<b>Time in hospital</b>	None	None	None
<b>Lost working days</b>	None	N/A	N/A

<b>Seat Position</b>	Right Center	Left Rear	Right Rear
<b>Age/Sex</b>	18/male	14/male	<b>16/male</b>
<b>Height/Weight</b>	178 cm/58 kg.	183 cm/52 kg	185 cm/58 kg
<b>Posture</b>	Normal	Normal	Normal
<b>Ejection</b>	Yes	Yes	Yes
<b>Entrapment</b>	No	No	No
<b>Restraint Type</b>	None	Lap	Lap
<b>Usage/Failures</b>	None	Used/none	Used/none
<b>Treatment</b>	None	2 days later at a medical clinic	2 days later at a medical clinic
<b>Time in hospital</b>	None	None	None
<b>Lost working days</b>	None	N/A	N/A



## OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number \_\_\_\_\_
2. Case Number - Stratum DSI-95-SP-24
3. Vehicle Number phi 1
4. Occupant Number phi 1

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 4 phi  
Code actual age at time of accident.  
(00) Less than one year old (specify by month):  
(97) 97 years and older  
(99) Unknown
6. Occupant's Sex 1  
(1) Male  
(2) Female  
(9) Unknown
7. Occupant's Height 180  
Code actual height to the nearest centimeter.  
(999) Unknown  
 $71 \text{ inches} \times 2.54 = 180 \text{ centimeters}$
8. Occupant's Weight phi 71  
Code actual weight to the nearest kilogram.  
(999) Unknown  
 $157 \text{ pounds} \times .4536 = 71 \text{ kilograms}$
9. Occupant's Role 1  
(1) Driver  
(2) Passenger  
(9) Unknown

- OCCUPANT'S SEATING
10. Occupant's Seat Position 11  
*Front Seat*  
(11) Left side  
(12) Middle  
(13) Right side  
(14) Other (specify): \_\_\_\_\_  
(15) On or in the lap of another occupant
  - Second Seat*  
(21) Left side  
(22) Middle  
(23) Right side  
(24) Other (specify): \_\_\_\_\_  
(25) On or in the lap of another occupant
  - Third Seat*  
(31) Left side  
(32) Middle  
(33) Right side  
(34) Other (specify): \_\_\_\_\_  
(35) On or in the lap of another occupant
  - Fourth Seat*  
(41) Left side  
(42) Middle  
(43) Right side  
(44) Other (specify): \_\_\_\_\_  
(45) On or in the lap of another occupant
  - (97) In or on unenclosed area  
(98) Other seat (specify): \_\_\_\_\_  
(99) Unknown
11. Occupant's Posture phi  
(0) Normal posture  
*Abnormal posture*  
(1) Kneeling or standing on seat  
(2) Lying on or across seat  
(3) Kneeling, standing or sitting in front of seat  
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window  
(5) Sitting on a console  
(6) Lying back in a reclined seat position  
(7) Bracing with feet or hands on a surface in front of seat  
(8) Other abnormal posture (specify): \_\_\_\_\_  
(9) Unknown

BEST AVAILABLE

## EJECTION/ENTRAPMENT

## 12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

## 13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

## 14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):  
\_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify):  
\_\_\_\_\_
- (9) Unknown

## 15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

## 16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

## RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4
- None available
  - Belt removed/destroyed
  - Shoulder belt
  - Lap belt
  - Lap and shoulder belt
  - Belt available—type unknown
- Integral Belt Partially Destroyed*
- Shoulder belt (lap belt destroyed/removed)
  - Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): \_\_\_\_\_
- (9) Unknown \_\_\_\_\_
18. Manual (Active) Belt System Use 4
- None used, not available, or belt removed/destroyed
  - Inoperative (specify):
  - Shoulder belt
  - Lap belt
  - Lap and shoulder belt
  - Belt used—type unknown
  - Other belt used (specify):
  - Shoulder belt used with child safety seat
  - Lap belt used with child safety seat
  - Lap and shoulder belt used with child safety seat
  - Belt used with child safety seat—type unknown
  - Other belt used with child safety seat (specify):
  - Unknown if belt used
19. Proper Use of Manual (Active) Belts L
- None used or not available
  - Belt used properly
  - Belt used properly with child safety seat
- Belt Used Improperly*
- Shoulder belt worn under arm
  - Shoulder belt worn behind back or seat
  - Belt worn around more than one person
  - Lap belt worn on abdomen
  - Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
  - Other improper use of manual belt system (specify):
  - Unknown
20. Manual (Active) Belt Failure Modes During Accident 1
- No manual belt used
  - No manual belt failure(s)
  - Torn webbing (stretched webbing not included)
  - Broken buckle or latchplate
  - Upper anchorage separated
  - Other anchorage separated (specify):
  - Broken retractor
  - Combination of above (specify):
  - Other manual belt failure (specify):
  - Unknown
21. Air Bag System Availability/Function 4
- Not equipped/not available
  - Air bag
- Non-functional*
- Air bag disconnected (specify):
  - Air bag not reinstalled
  - Unknown
22. Air Bag System Deployment 4
- Not equipped/not available
  - Air bag deployed during accident (as a result of impact)
  - Air bag deployed inadvertently just prior to accident
  - Air bag deployed, accident sequence undetermined
  - Nondeployed
  - Unknown if deployed
  - Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
  - Unknown
23. Are There Indications of Air Bag System Failure? 4
- Not equipped/not available
  - No
  - Yes (specify):
  - Unknown
- Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts
24. Police Reported Restraint Use 4
- None used
  - Police did not indicate restraint use
  - Shoulder belt
  - Lap belt
  - Lap and shoulder belt
  - Belt used, type not specified
  - Child safety seat
  - Other or automatic restraint (specify):
  - Restrained, type unknown
  - Police indicated "unknown"

**HEAD RESTRAINT AND SEAT EVALUATION****25. Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints  
(1) Integral—no damage  
(2) Integral—damaged during accident  
(3) Adjustable—no damage  
(4) Adjustable—damaged during accident  
(5) Add-on—no damage  
(6) Add-on—damaged during accident  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

**26. Seat Type (this Occupant Position)**

- (00) Occupant not seated or no seat  
(01) Bucket  
(02) Bucket with folding back  
(03) Bench  
(04) Bench with separate back cushions  
(05) Bench with folding back(s)  
(06) Split bench with separate back cushions  
(07) Split bench with folding back(s)  
(08) Pedestal (i.e., column supported)  
(09) Other seat type (specify): \_\_\_\_\_  
(10) Box mounted seat (i.e., van type)  
(99) Unknown

**27. Seat Performance (this Occupant Position)**

- (0) Occupant not seated or no seat  
(1) No seat performance failure(s)  
(2) Seat adjusters failed  
(3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_  
(4) Seat track/anchors failed  
(5) Deformed by impact of occupant  
(6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other (specify): \_\_\_\_\_

(9) Unknown

## CHILD SAFETY SEAT

## 28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS  
 Data Collection, Coding and Editing  
 (950) Built-in child safety seat  
 (997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

*(P P P)*

## 29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

*(P)*

## 30. Child Safety Seat Orientation

(00) No child safety seat

*(P P)**Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

## 31. Child Safety Seat Harness Usage

*(P P)*

## 32. Child Safety Seat Shield Usage

*(P P)*

## 33. Child Safety Seat Tether Usage

*(P P)*

Note: Options below applicable to  
 Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
 added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
 harness/shield/tether added(09) Unknown if harness/shield/tether  
 added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES****34. Injury Severity (Police Rating)**

- (0) O - No injury  
 (1) C - Possible injury  
 (2) B - Nonincapacitating injury  
 (3) A - Incapacitating injury  
 (4) K - Killed  
 (5) U - Injury, severity unknown  
 (6) Died prior to accident  
 (9) Unknown

**35. Treatment - Mortality**

- (0) No treatment  
 (1) Fatal  
 (2) Fatal - ruled disease (specify):  
 \_\_\_\_\_

*Nonfatal*

- (3) Hospitalization  
 (4) Transported and released  
 (5) Treatment at scene - nontransported  
 (6) Treatment later  
 (8) Treatment - other (specify):  
 \_\_\_\_\_

(9) Unknown

**36. Type Of Medical Facility (for Initial Treatment)**

- (0) Not treated at a medical facility  
 (1) Trauma center  
 (2) Hospital  
 (3) Medical clinic  
 (4) Physician's office  
 (5) Treatment later at medical facility  
 (8) Other (specify):  
 \_\_\_\_\_

(9) Unknown

**37. Hospital Stay**

(00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more  
 (99) Unknown

**38. Working Days Lost**

- Code the number of days (up through 60) that the occupant lost from work due to the accident  
 (00) No working days lost  
 (61) 61 days or more  
 (62) Fatally injured  
 (97) Not working prior to accident  
 (99) Unknown

**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER****39. Time to Death**

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)  
 (00) Not fatal  
 (96) Fatal - ruled disease  
 (99) Unknown

**40. 1st Medically Reported Cause of Death****41. 2nd Medically Reported Cause of Death****42. 3rd Medically Reported Cause of Death**

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death  
 (00) Not fatal or no additional causes  
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):  
 \_\_\_\_\_

(97) Other result (includes fatal ruled disease) (specify):  
 \_\_\_\_\_

(99) Unknown

**43. Number of Recorded Injuries for This Occupant**

- Code the actual number of injuries recorded for this occupant.  
 (00) No recorded injuries  
 (97) Injured, details unknown  
 (99) Unknown if injured

**AUTOMATIC BELT SYSTEM****44. Automatic (Passive) Belt System Availability/**

- Function  
 (0) Not equipped/not available  
 (1) 2 point automatic belts  
 (2) 3 point automatic belts  
 (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered  
inoperative  
 (9) Unknown

**45. Automatic (Passive) Belt System Use**

- (0) Not equipped/not available/destroyed or  
rendered inoperative  
 (1) Automatic belt in use  
 (2) Automatic belt not in use (manually  
disconnected, motorized track inoperative)  
(specify):  
 (3) Automatic belt use unknown  
 (9) Unknown

**46. Automatic (Passive) Belt System Type**

- (0) Not equipped/not available  
 (1) Non-motorized system  
 (2) Motorized system  
 (9) Unknown

**47. Proper Use of Automatic (Passive) Belt System**

- (0) Not equipped/not available/not used  
 (1) Automatic belt used properly  
 (2) Automatic belt used properly with  
child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm  
 (4) Automatic shoulder belt worn behind back  
 (5) Automatic belt worn around more than  
one person  
 (6) Lap portion of automatic belt worn  
on abdomen  
 (7) Automatic lap and shoulder belt or  
automatic shoulder belt used improperly  
with child safety seat (specify):  
 (8) Other improper use of automatic belt system  
(specify):  
 (9) Unknown

**48. Automatic (Passive) Belt Failure Modes**

- During Accident*  
 (0) Not equipped/not available/not in use  
 (1) No automatic belt failure(s)  
 (2) Torn webbing (stretched webbing not included)  
 (3) Broken buckle or latchplate  
 (4) Upper anchorage separated  
 (5) Other anchorage separated (specify):

- (6) Broken retractor  
 (7) Combination of above (specify):  
 (8) Other automatic belt failure (specify):

(9) Unknown

**49. Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):

(9) Unknown

**Check the Primary Source Used In Determining Belt Use.**

- [ ] Not equipped/not available/destroyed  
or rendered inoperative  
 Vehicle inspection  
 [ ] Official injury data  
 [ ] Driver/occupant interview  
 [ ] Other (specify):

[ ] Unknown if belt used

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ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED  
WITH INITIAL SUBMISSION?

NO  YES

BEST AVAILABLE

UPDATE CANDIDATE?

NO  YES

**STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**

**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score  
(at Medical Facility)
- (00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
(97) Injured, details unknown  
(99) Unknown if injured

DP

51. Was the Occupant Given Blood?
- (1) No - blood not given  
(2) Yes - blood given  
(specify units): \_\_\_\_\_  
(9) Unknown if blood given

1

52. Arterial Blood Gases (ABG) - HCO<sub>3</sub>
- (00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the HCO<sub>3</sub>  
(96) ABGs reported, HCO<sub>3</sub> unknown  
(97) Injured, details unknown  
(99) Unknown if injured

DP

**BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination
- (0) Not equipped/not available/destroyed or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown if belt used

1



## OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number \_\_\_\_\_
2. Case Number - Stratum DS1-95-SP-24
3. Vehicle Number ♂ 1
4. Occupant Number ♂ 2

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 15  
Code actual age at time of accident.  
(00) Less than one year old (specify by month):  
(97) 97 years and older  
(99) Unknown
6. Occupant's Sex 1  
(1) Male  
(2) Female  
(9) Unknown
7. Occupant's Height 168  
Code actual height to the nearest centimeter.  
(999) Unknown  
 $64 \text{ inches} \times 2.54 = 168 \text{ centimeters}$
8. Occupant's Weight ♂ 54  
Code actual weight to the nearest kilogram.  
(999) Unknown  
 $120 \text{ pounds} \times .4536 = 54 \text{ kilograms}$
9. Occupant's Role 2  
(1) Driver  
(2) Passenger  
(9) Unknown

## OCCUPANT'S SEATING

## 10. Occupant's Seat Position 13

## Front Seat

- (11) Left side
- (12) Middle
- (13) Right side
- (14) Other (specify): \_\_\_\_\_
- (15) On or in the lap of another occupant

## Second Seat

- (21) Left side
- (22) Middle
- (23) Right side
- (24) Other (specify): \_\_\_\_\_
- (25) On or in the lap of another occupant

## Third Seat

- (31) Left side
- (32) Middle
- (33) Right side
- (34) Other (specify): \_\_\_\_\_
- (35) On or in the lap of another occupant

## Fourth Seat

- (41) Left side
- (42) Middle
- (43) Right side
- (44) Other (specify): \_\_\_\_\_
- (45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): \_\_\_\_\_  
(99) Unknown

## 11. Occupant's Posture ♂

- (0) Normal posture

## Abnormal posture

- (1) Kneeling or standing on seat
- (2) Lying on or across seat
- (3) Kneeling, standing or sitting in front of seat
- (4) Sitting sideways or turned to talk with another occupant or to look out a rear window
- (5) Sitting on a console
- (6) Lying back in a reclined seat position
- (7) Bracing with feet or hands on a surface in front of seat
- (8) Other abnormal posture (specify): \_\_\_\_\_
- (9) Unknown

BEST AVAILABLE

## EJECTION/ENTRAPMENT

## 12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

P

## 15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

P

## 13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

P

## 16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

P

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

## 14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):  
\_\_\_\_\_  
(5) Integral structure
- (8) Other medium (specify):  
\_\_\_\_\_  
(9) Unknown

P

## RESTRAINT SYSTEM EVALUATION

## 17. Manual (Active) Belt System Availability

- (0) None available  
 (1) Belt removed/destroyed  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)  
 (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

## 18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed  
 (01) Inoperative (specify):

(02) Shoulder belt \_\_\_\_\_

(03) Lap belt \_\_\_\_\_

(04) Lap and shoulder belt \_\_\_\_\_

(05) Belt used—type unknown \_\_\_\_\_

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat \_\_\_\_\_

(13) Lap belt used with child safety seat \_\_\_\_\_

(14) Lap and shoulder belt used with child safety seat \_\_\_\_\_

(15) Belt used with child safety seat—type unknown \_\_\_\_\_

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used \_\_\_\_\_

## 19. Proper Use of Manual (Active) Belts

- (0) None used or not available  
 (1) Belt used properly  
 (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm  
 (4) Shoulder belt worn behind back or seat  
 (5) Belt worn around more than one person  
 (6) Lap belt worn on abdomen  
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):  
 (8) Other improper use of manual belt system (specify):  
 (9) Unknown \_\_\_\_\_

## 20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used  
 (1) No manual belt failure(s)  
 (2) Torn webbing (stretched webbing not included)  
 (3) Broken buckle or latchplate  
 (4) Upper anchorage separated  
 (5) Other anchorage separated (specify):  
 (6) Broken retractor  
 (7) Combination of above (specify):  
 (8) Other manual belt failure (specify):  
 (9) Unknown \_\_\_\_\_

## 21. Air Bag System Availability/Function

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled \_\_\_\_\_

(9) Unknown \_\_\_\_\_

## 22. Air Bag System Deployment

- (0) Not equipped/not available  
 (1) Air bag deployed during accident (as a result of impact)  
 (2) Air bag deployed inadvertently just prior to accident  
 (3) Air bag deployed, accident sequence undetermined  
 (4) Nondeployed  
 (5) Unknown if deployed  
 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (9) Unknown

## 23. Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):

(9) Unknown \_\_\_\_\_

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

## 24. Police Reported Restraint Use

- (0) None used  
 (1) Police did not indicate restraint use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Other or automatic restraint (specify):  
 (8) Restrained, type unknown  
 (9) Police indicated "unknown"

## HEAD RESTRAINT AND SEAT EVALUATION

## 25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints  
(1) Integral—no damage  
(2) Integral—damaged during accident  
(3) Adjustable—no damage  
(4) Adjustable—damaged during accident  
(5) Add-on—no damage  
(6) Add-on—damaged during accident  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

## 26. Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat  
(01) Bucket  
(02) Bucket with folding back  
(03) Bench  
(04) Bench with separate back cushions  
(05) Bench with folding back(s)  
(06) Split bench with separate back cushions  
(07) Split bench with folding back(s)  
(08) Pedestal (i.e., column supported)  
(09) Other seat type (specify):  
(10) Box mounted seat (i.e., van type)  
(99) Unknown

## 27. Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat  
(1) No seat performance failure(s)  
(2) Seat adjusters failed  
(3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_  
(4) Seat track/anchors failed  
(5) Deformed by impact of occupant  
(6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other (specify): \_\_\_\_\_

(9) Unknown

## CHILD SAFETY SEAT

## 28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS  
 Data Collection, Coding and Editing  
 (950) Built-in child safety seat  
 (997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

p p p

## 29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

p

## 30. Child Safety Seat Orientation

(00) No child safety seat

p p

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

## 31. Child Safety Seat Harness Usage

p p

## 32. Child Safety Seat Shield Usage

p p

## 33. Child Safety Seat Tether Usage

p p

Note: Options below applicable to  
 Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
 added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
 harness/shield/tether added(09) Unknown if harness/shield/tether  
 added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES****34. Injury Severity (Police Rating)**

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

**35. Treatment - Mortality**

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):  
\_\_\_\_\_
- (9) Unknown

**36. Type Of Medical Facility (for Initial Treatment)**

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

**37. Hospital Stay**

- (00) Not Hospitalized  
\_\_\_\_\_  
Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

**38. Working Days Lost**

- 97
- \_\_\_\_\_  
Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
  - (61) 61 days or more
  - (62) Fatally injured
  - (97) Not working prior to accident
  - (99) Unknown

**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER****39. Time to Death**

- 44
- \_\_\_\_\_  
Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
  - (96) Fatal - ruled disease
  - (99) Unknown

**40. 1st Medically Reported Cause of Death**44**41. 2nd Medically Reported Cause of Death**44**42. 3rd Medically Reported Cause of Death**44

- \_\_\_\_\_  
Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
  - (96) Mode of death given but specific injuries are not linked to cause of death. (specify):  
\_\_\_\_\_

- (97) Other result (includes fatal ruled disease) (specify):  
\_\_\_\_\_

- (99) Unknown

**43. Number of Recorded Injuries for This Occupant**44

- \_\_\_\_\_  
Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
  - (97) Injured, details unknown
  - (99) Unknown if injured

**AUTOMATIC BELT SYSTEM**

- 44. Automatic (Passive) Belt System Availability/Function**
- (0) Not equipped/not available
  - (1) 2 point automatic belts
  - (2) 3 point automatic belts
  - (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

- 45. Automatic (Passive) Belt System Use**
- (0) Not equipped/not available/destroyed or rendered inoperative
  - (1) Automatic belt in use
  - (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
  - (3) Automatic belt use unknown
  - (9) Unknown

- 46. Automatic (Passive) Belt System Type**
- (0) Not equipped/not available
  - (1) Non-motorized system
  - (2) Motorized system
  - (9) Unknown

- 47. Proper Use of Automatic (Passive) Belt System**
- (0) Not equipped/not available/not used
  - (1) Automatic belt used properly
  - (2) Automatic belt used properly with child safety seat
- Automatic Belt Used Improperly*
- (3) Automatic shoulder belt worn under arm
  - (4) Automatic shoulder belt worn behind back
  - (5) Automatic belt worn around more than one person
  - (6) Lap portion of automatic belt worn on abdomen
  - (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
  - (8) Other improper use of automatic belt system (specify): \_\_\_\_\_
  - (9) Unknown

**48. Automatic (Passive) Belt Failure Modes During Accident**

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

**(6) Broken retractor**

- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other automatic belt failure (specify): \_\_\_\_\_

(9) Unknown

**49. Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_

(9) Unknown

**Check the Primary Source Used In Determining Belt Use.**

- [ ] Not equipped/not available/destroyed or rendered inoperative
- [ ] Vehicle inspection
- [ ] Official injury data
- [ ] Driver/occupant interview
- [ ] Other (specify): \_\_\_\_\_

[ ] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED  
WITH INITIAL SUBMISSION?NO  YES [ ]

BEST AVAILABLE

UPDATE CANDIDATE?

NO  YES [ ]

**STOP - VARIABLES 50 THROUGH 53 ARE  
COMPLETED BY THE ZONE CENTER**

**TRAUMA DATA**

**50. Glasgow Coma Scale (GCS) Score  
(at Medical Facility)**

- (00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
(97) Injured, details unknown  
(99) Unknown if injured

DP DP

**51. Was the Occupant Given Blood?**

- (1) No - blood not given  
(2) Yes - blood given  
(specify units): \_\_\_\_\_  
(9) Unknown if blood given

1

**52. Arterial Blood Gases (ABG) – HCO<sub>3</sub>**

- (00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the HCO<sub>3</sub>  
(96) ABGs reported , HCO<sub>3</sub> unknown  
(97) Injured, details unknown  
(99) Unknown if injured

DP DP

**BELT USE DETERMINATION**

**53. Primary Source of Belt Use Determination**

- (0) Not equipped/not available/destroyed or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown if belt used

2



## OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number \_\_\_\_\_
2. Case Number - Stratum DSI-95-SP-24
3. Vehicle Number 1
4. Occupant Number 3

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 4  
Code actual age at time of accident.  
(00) Less than one year old (specify by month):  
  
(97) 97 years and older  
(99) Unknown
6. Occupant's Sex 2  
(1) Male  
(2) Female  
(9) Unknown
7. Occupant's Height 194  
Code actual height to the nearest centimeter.  
(999) Unknown  
  
 $37 \text{ inches} \times 2.54 = 94 \text{ centimeters}$
8. Occupant's Weight 18  
Code actual weight to the nearest kilogram.  
(999) Unknown  
  
 $140 \text{ pounds} \times .4536 = 63.5 \text{ kilograms}$
9. Occupant's Role 2  
(1) Driver  
(2) Passenger  
(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position 21  
*Front Seat*  
(11) Left side  
(12) Middle  
(13) Right side  
(14) Other (specify): \_\_\_\_\_  
(15) On or in the lap of another occupant
- Second Seat*  
(21) Left side  
(22) Middle  
(23) Right side  
(24) Other (specify): \_\_\_\_\_  
(25) On or in the lap of another occupant
- Third Seat*  
(31) Left side  
(32) Middle  
(33) Right side  
(34) Other (specify): \_\_\_\_\_  
(35) On or in the lap of another occupant
- Fourth Seat*  
(41) Left side  
(42) Middle  
(43) Right side  
(44) Other (specify): \_\_\_\_\_  
(45) On or in the lap of another occupant  
  
(97) In or on unenclosed area  
(98) Other seat (specify): \_\_\_\_\_  
(99) Unknown
11. Occupant's Posture 1  
(0) Normal posture  
  
*Abnormal posture*  
(1) Kneeling or standing on seat  
(2) Lying on or across seat  
(3) Kneeling, standing or sitting in front of seat  
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window  
(5) Sitting on a console  
(6) Lying back in a reclined seat position  
(7) Bracing with feet or hands on a surface in front of seat  
(8) Other abnormal posture (specify): \_\_\_\_\_  
(9) Unknown

BEST AVAILABLE

## EJECTION/ENTRAPMENT

## 12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

## 13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

## 14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):  
\_\_\_\_\_  
(5) Integral structure  
(8) Other medium (specify):  
\_\_\_\_\_  
(9) Unknown

## 15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

## 16. Entrapment

- (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
- (0) Not entrapped
  - (1) Entrapped
  - (9) Unknown

## RESTRAINT SYSTEM EVALUATION

## 17. Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

## (8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

## 18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

(02) Shoulder belt \_\_\_\_\_

(03) Lap belt \_\_\_\_\_

(04) Lap and shoulder belt \_\_\_\_\_

(05) Belt used—type unknown \_\_\_\_\_

(08) Other belt used (specify): \_\_\_\_\_

(12) Shoulder belt used with child safety seat \_\_\_\_\_

(13) Lap belt used with child safety seat \_\_\_\_\_

(14) Lap and shoulder belt used with child safety seat \_\_\_\_\_

(15) Belt used with child safety seat—type unknown \_\_\_\_\_

(18) Other belt used with child safety seat (specify): \_\_\_\_\_

(99) Unknown if belt used \_\_\_\_\_

## 19. Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify): \_\_\_\_\_
- (9) Unknown \_\_\_\_\_

## 20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_
- (6) Broken retractor \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other manual belt failure (specify): \_\_\_\_\_
- (9) Unknown \_\_\_\_\_

## 21. Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify): \_\_\_\_\_

(3) Air bag not reinstalled \_\_\_\_\_

(9) Unknown \_\_\_\_\_

## 22. Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

## 23. Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

## 24. Police Reported Restraint Use

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify):
- (8) Restrained, type unknown \_\_\_\_\_
- (9) Police indicated "unknown"

## HEAD RESTRAINT AND SEAT EVALUATION

## 25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints  
(1) Integral—no damage  
(2) Integral—damaged during accident  
(3) Adjustable—no damage  
(4) Adjustable—damaged during accident  
(5) Add-on—no damage  
(6) Add-on—damaged during accident  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

## 26. Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat  
(01) Bucket  
(02) Bucket with folding back  
(03) Bench  
(04) Bench with separate back cushions  
(05) Bench with folding back(s)  
(06) Split bench with separate back cushions  
(07) Split bench with folding back(s)  
(08) Pedestal (i.e., column supported)  
(09) Other seat type (specify): \_\_\_\_\_  
(10) Box mounted seat (i.e., van type)  
(99) Unknown

## 27. Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat  
(1) No seat performance failure(s)  
(2) Seat adjusters failed  
(3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_  
(4) Seat track/anchors failed  
(5) Deformed by impact of occupant  
(6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other (specify): \_\_\_\_\_

(9) Unknown

## CHILD SAFETY SEAT

## 28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

9 5 6

## 29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

2

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

## 30. Child Safety Seat Orientation

(00) No child safety seat

Ø 2*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

## 31. Child Safety Seat Harness Usage

11

## 32. Child Safety Seat Shield Usage

Ø 3

## 33. Child Safety Seat Tether Usage

Ø 3Note: Options below applicable to  
Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES****34. Injury Severity (Police Rating)**

- (0) O - No injury  
 (1) C - Possible injury  
 (2) B - Nonincapacitating injury  
 (3) A - Incapacitating injury  
 (4) K - Killed  
 (5) U - Injury, severity unknown  
 (6) Died prior to accident  
 (9) Unknown

**35. Treatment - Mortality**

- (0) No treatment  
 (1) Fatal  
 (2) Fatal - ruled disease (specify):  
 \_\_\_\_\_

*Nonfatal*

- (3) Hospitalization  
 (4) Transported and released  
 (5) Treatment at scene - nontransported  
 (6) Treatment later  
 (8) Treatment - other (specify):  
 \_\_\_\_\_

(9) Unknown

**36. Type Of Medical Facility (for Initial Treatment)**

- (0) Not treated at a medical facility  
 (1) Trauma center  
 (2) Hospital  
 (3) Medical clinic  
 (4) Physician's office  
 (5) Treatment later at medical facility  
 (8) Other (specify):  
 \_\_\_\_\_

(9) Unknown

**37. Hospital Stay**

- (00) Not Hospitalized  
 \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.  
 (61) 61 days or more  
 (99) Unknown

**38. Working Days Lost**

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident  
 (00) No working days lost  
 (61) 61 days or more  
 (62) Fatally injured  
 (97) Not working prior to accident  
 (99) Unknown

97**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER****39. Time to Death**

- \_\_\_\_\_ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)  
 (00) Not fatal  
 (96) Fatal - ruled disease  
 (99) Unknown

phi phi**40. 1st Medically Reported Cause of Death**phi phi**41. 2nd Medically Reported Cause of Death**phi phi**42. 3rd Medically Reported Cause of Death**phi phi

- \_\_\_\_\_ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes  
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):  
 \_\_\_\_\_

(97) Other result (includes fatal ruled disease) (specify):  
 \_\_\_\_\_

(99) Unknown

**43. Number of Recorded Injuries for This Occupant**phi 1

- \_\_\_\_\_ Code the actual number of injuries recorded for this occupant.  
 (00) No recorded injuries  
 (97) Injured, details unknown  
 (99) Unknown if injured

**AUTOMATIC BELT SYSTEM**

- 44. Automatic (Passive) Belt System Availability/Function**
- Not equipped/not available
  - 2 point automatic belts
  - 3 point automatic belts
  - Automatic belts - type unknown

*Non-functional*

- Automatic belts destroyed or rendered inoperative
- Unknown

- 45. Automatic (Passive) Belt System Use**
- Not equipped/not available/destroyed or rendered inoperative
  - Automatic belt in use
  - Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
  - Automatic belt use unknown
  - Unknown

- 46. Automatic (Passive) Belt System Type**
- Not equipped/not available
  - Non-motorized system
  - Motorized system
  - Unknown

- 47. Proper Use of Automatic (Passive) Belt System**
- Not equipped/not available/not used
  - Automatic belt used properly
  - Automatic belt used properly with child safety seat
- Automatic Belt Used Improperly*
- Automatic shoulder belt worn under arm
  - Automatic shoulder belt worn behind back
  - Automatic belt worn around more than one person
  - Lap portion of automatic belt worn on abdomen
  - Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
  - Other improper use of automatic belt system (specify): \_\_\_\_\_
  - Unknown

**48. Automatic (Passive) Belt Failure Modes During Accident**

- Not equipped/not available/not in use
- No automatic belt failure(s)
- Torn webbing (stretched webbing not included)
- Broken buckle or latchplate
- Upper anchorage separated
- Other anchorage separated (specify):

(6) Broken retractor

- Combination of above (specify):
- Other automatic belt failure (specify):

(9) Unknown

**49. Seat Orientation (this Occupant Position)**

- Occupant not seated or no seat
- Forward facing seat
- Rear facing seat
- Side facing seat (inward)
- Side facing seat (outward)
- Other (specify):

(9) Unknown

**Check the Primary Source Used In Determining Belt Use.**

- Not equipped/not available/destroyed or rendered inoperative  
 Vehicle inspection  
 Official injury data  
 Driver/occupant interview  
 Other (specify): \_\_\_\_\_

 Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [ ] YES 

UPDATE CANDIDATE?

NO  YES [ ]

BEST AVAILABLE

**STOP - VARIABLES 50 THROUGH 53 ARE  
COMPLETED BY THE ZONE CENTER**

**TRAUMA DATA**

**50. Glasgow Coma Scale (GCS) Score  
(at Medical Facility)**

- (00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
(97) Injured, details unknown  
(99) Unknown if injured

f2

**51. Was the Occupant Given Blood?**

- (1) No - blood not given  
(2) Yes - blood given  
(specify units): \_\_\_\_\_  
(9) Unknown if blood given

1

**52. Arterial Blood Gases (ABG) - HCO<sub>3</sub>**

- (00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the HCO<sub>3</sub>  
(96) ABGs reported, HCO<sub>3</sub> unknown  
(97) Injured, details unknown  
(99) Unknown if injured

f1

**BELT USE DETERMINATION**

**53. Primary Source of Belt Use Determination**

- (0) Not equipped/not available/destroyed or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown if belt used

1



U.S. Department of Transportation

National Highway Traffic Safety  
Administration

## OCCUPANT INJURY FORM

Form Approved  
O.M.B. No. 2127-0021  
NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number \_\_\_\_\_  
 2. Case Number - Stratum DSI-95-SP-24

3. Vehicle Number       4. Occupant Number               
      

## INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	A.I.S. - 90						Injury Source Confidence Level	Occupant Area Intrusion Number			
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
1st	5. <u>7</u>	6. <u>2</u>	7. <u>9</u>	8. <u>64</u>	9. <u>62</u>	10. <u>1</u>	11. <u>7</u>	12. <u>46</u>	13. <u>1</u>	14. <u>1</u>	15. <u>60</u>
2nd	16. _____	17. _____	18. _____	19. _____	20. _____	21. _____	22. _____	23. _____	24. _____	25. _____	26. _____
3rd	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____	33. _____	34. _____	35. _____	36. _____	37. _____
4th	38. _____	39. _____	40. _____	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____	47. _____	48. _____
5th	49. _____	50. _____	51. _____	52. _____	53. _____	54. _____	55. _____	56. _____	57. _____	58. _____	59. _____
6th	60. _____	61. _____	62. _____	63. _____	64. _____	65. _____	66. _____	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____	75. _____	76. _____	77. _____	78. _____	79. _____	80. _____	81. _____
8th	82. _____	83. _____	84. _____	85. _____	86. _____	87. _____	88. _____	89. _____	90. _____	91. _____	92. _____
9th	93. _____	94. _____	95. _____	96. _____	97. _____	98. _____	99. _____	100. _____	101. _____	102. _____	103. _____
10th	104. _____	105. _____	106. _____	107. _____	108. _____	109. _____	110. _____	111. _____	112. _____	113. _____	114. _____

## SOURCE OF INJURY DATA

### OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

### UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_

- (9) Police

## INJURY SOURCE

### FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (19) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): \_\_\_\_\_

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): \_\_\_\_\_

- (28) Left side window sill

### RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): \_\_\_\_\_

- (35) Right side window glass or frame

- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.

- (37) Other right side object (specify): \_\_\_\_\_

- (38) Right side window sill

### INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): \_\_\_\_\_
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers) - OCCUPANT 24 UNRESTRAINED
- (46) Other occupants (specify): \_\_\_\_\_
- (47) Interior loose objects
- (48) Child safety seat (specify): \_\_\_\_\_

- (49) Other interior object (specify): \_\_\_\_\_

### ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

### FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

### REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): \_\_\_\_\_

### EXTERIOR OF OCCUPANT'S VEHICLE

- (66) Hood
- (68) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): \_\_\_\_\_
- (68) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): \_\_\_\_\_

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): \_\_\_\_\_

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): \_\_\_\_\_

- (83) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): \_\_\_\_\_

- (86) Unknown vehicle or object

### NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): \_\_\_\_\_
- (93) Air bag exhaust gases
- (97) Injured, unknown source

## INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

## DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

## OCCUPANT INJURY CLASSIFICATION

### Body Region

- (1) Head

- (2) Face

- (3) Neck

- (4) Thorax

- (5) Abdomen

- (6) Spine

- (7) Upper Extremity

- (8) Lower Extremity

- (9) Unspecified

### Type of Anatomic Structure

- (1) Whole Area

- (2) Vessels

- (3) Nerves

- (4) Organs (includes muscles/ligaments)

- (5) Skeletal (includes joints)

- (6) Head - LOC

- (9) Skin

### Specific Anatomic Structure

#### Whole Area

- (02) Skin - Abrasion

- (04) Skin - Contusion

- (06) Skin - Laceration

- (08) Skin - Avulsion

- (10) Amputation

- (20) Burn

- (30) Crush

- (40) Degloving

- (50) Injury - NFS

- (90) Trauma, other than mechanical

#### Head - LOC

- (02) Length of LOC

- (04, 06, 08) Level of Consciousness

- (10) Concussion

### Spine

- (02) Cervical

- (04) Thoracic

- (06) Lumbar

### Vessels, Nerves, Organs, Bones,

Joints are assigned consecutive two digit numbers beginning with 02

### Level of Injury

Specific Injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

### Abbreviated Injury Scale

- (1) Minor Injury

- (2) Moderate injury

- (3) Serious injury

- (4) Severe injury

- (5) Critical injury

- (6) Maximum (untreatable)

- (7) Injured, unknown severity

### Aspect

- (1) Right

- (2) Left

- (3) Bilateral

- (4) Central

- (5) Anterior

- (6) Posterior

- (7) Superior

- (8) Inferior

- (9) Unknown

- (0) Whole region

BEST AVAILABLE

## OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

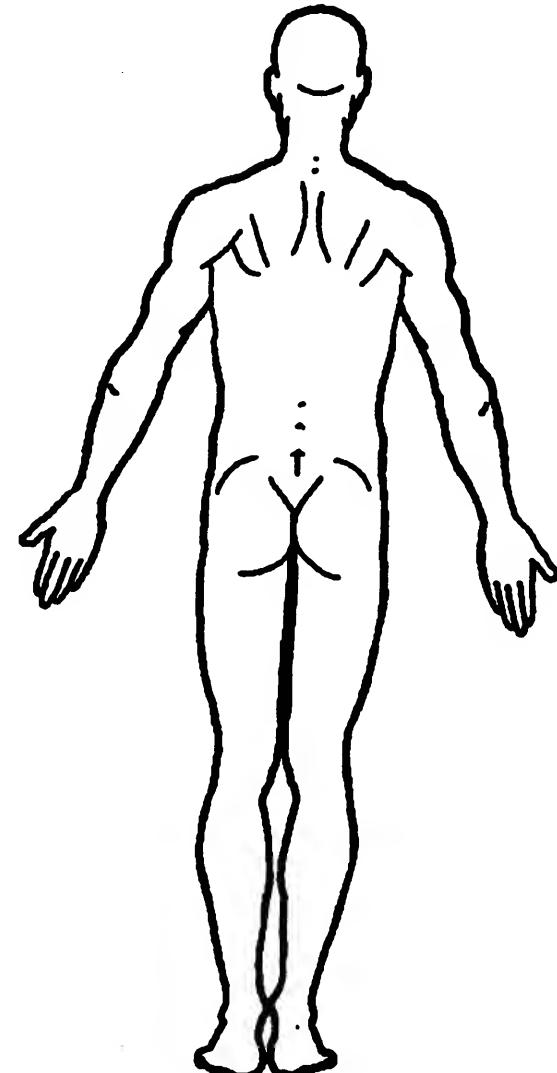
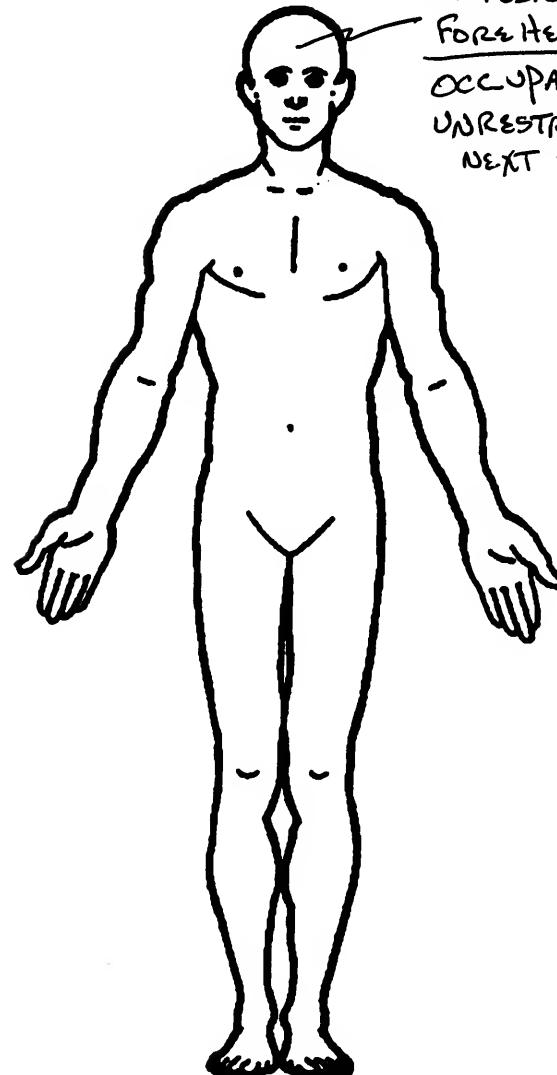
HEAD ACH<sup>E</sup>

CONTUSION TO

FOR~~E~~ HEAD

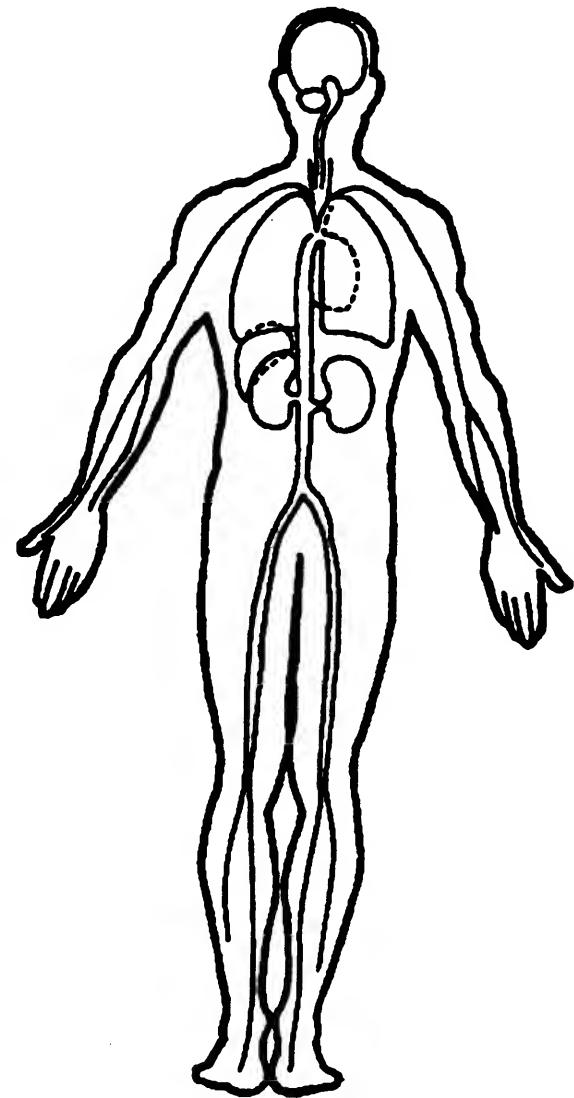
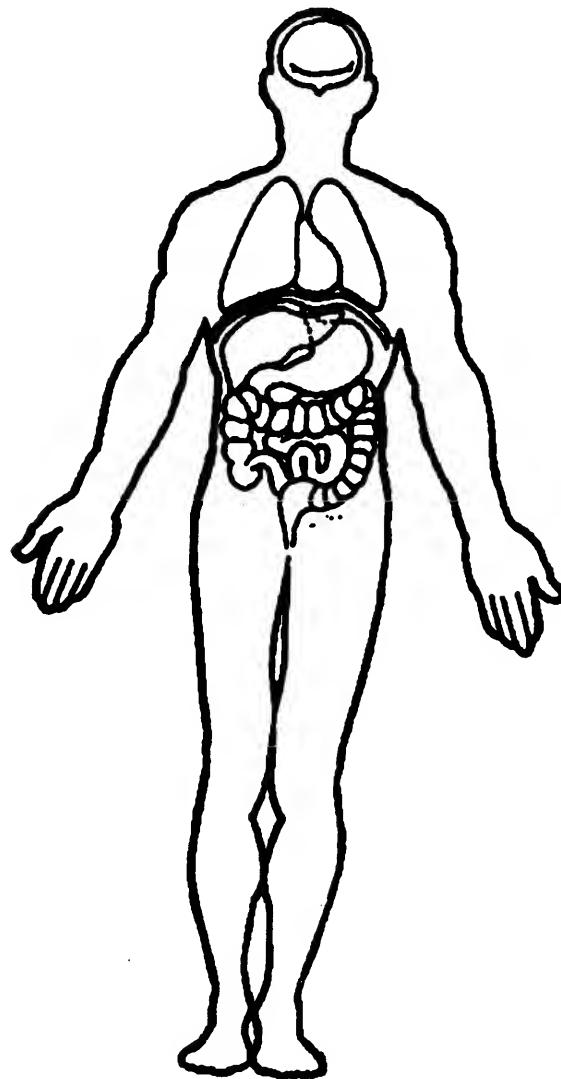
OCCUPANT #4

UNRESTRAINED  
NEXT TO Him



## OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## OCCUPANT ASSESSMENT FORM

Form Approved  
O.M.B. No. 2127-0021  
NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number \_\_\_\_\_
2. Case Number - Stratum DSI-95-SP-24
3. Vehicle Number phi 1
4. Occupant Number phi 4

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 18  
Code actual age at time of accident.  
(00) Less than one year old (specify by month):

(97) 97 years and older  
(99) Unknown

6. Occupant's Sex 1

- (1) Male
- (2) Female
- (9) Unknown

7. Occupant's Height 178  
Code actual height to the nearest centimeter.  
(999) Unknown

74 inches X 2.54 = 178 centimeters

8. Occupant's Weight phi 58  
Code actual weight to the nearest kilogram.  
(999) Unknown

127 pounds X .4536 = phi 58 kilograms

9. Occupant's Role 2

- (1) Driver
- (2) Passenger
- (9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position Z3

- Front Seat*
- (11) Left side
  - (12) Middle
  - (13) Right side
  - (14) Other (specify): \_\_\_\_\_
  - (15) On or in the lap of another occupant

*Second Seat*

- (21) Left side
- (22) Middle
- (23) Right side
- (24) Other (specify): \_\_\_\_\_
- (25) On or in the lap of another occupant

*Third Seat*

- (31) Left side
- (32) Middle
- (33) Right side
- (34) Other (specify): \_\_\_\_\_
- (35) On or in the lap of another occupant

*Fourth Seat*

- (41) Left side
- (42) Middle
- (43) Right side
- (44) Other (specify): \_\_\_\_\_
- (45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): \_\_\_\_\_  
(99) Unknown

11. Occupant's Posture phi

*Normal posture*

- (0) Normal posture
- (1) Kneeling or standing on seat
- (2) Lying on or across seat
- (3) Kneeling, standing or sitting in front of seat
- (4) Sitting sideways or turned to talk with another occupant or to look out a rear window
- (5) Sitting on a console
- (6) Lying back in a reclined seat position
- (7) Bracing with feet or hands on a surface in front of seat
- (8) Other abnormal posture (specify): \_\_\_\_\_
- (9) Unknown

## EJECTION/ENTRAPMENT

## 12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

## 13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

## 14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):  
\_\_\_\_\_  
(5) Integral structure  
(8) Other medium (specify):  
\_\_\_\_\_  
(9) Unknown

## 15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

## 16. Entrapment

- (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
- (0) Not entrapped
  - (1) Entrapped
  - (9) Unknown

## RESTRAINT SYSTEM EVALUATION

## 17. Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

## 18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

(02) Shoulder belt \_\_\_\_\_

(03) Lap belt \_\_\_\_\_

(04) Lap and shoulder belt \_\_\_\_\_

(05) Belt used—type unknown \_\_\_\_\_

(08) Other belt used (specify): \_\_\_\_\_

(12) Shoulder belt used with child safety seat \_\_\_\_\_

(13) Lap belt used with child safety seat \_\_\_\_\_

(14) Lap and shoulder belt used with child safety seat \_\_\_\_\_

(15) Belt used with child safety seat—type unknown \_\_\_\_\_

(18) Other belt used with child safety seat (specify): \_\_\_\_\_

(99) Unknown if belt used \_\_\_\_\_

## 19. Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify): \_\_\_\_\_
- (9) Unknown \_\_\_\_\_

## 20. Manual (Active) Belt Failure Modes

## During Accident

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other manual belt failure (specify): \_\_\_\_\_
- (9) Unknown \_\_\_\_\_

## 21. Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify): \_\_\_\_\_

(3) Air bag not reinstalled \_\_\_\_\_

(9) Unknown \_\_\_\_\_

## 22. Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

## 23. Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

## 24. Police Reported Restraint Use

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify):
- (8) Restrained, type unknown
- (9) Police indicated "unknown"

## HEAD RESTRAINT AND SEAT EVALUATION

## 25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints  
(1) Integral—no damage  
(2) Integral—damaged during accident  
(3) Adjustable—no damage  
(4) Adjustable—damaged during accident  
(5) Add-on—no damage  
(6) Add-on—damaged during accident  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

4

## 26. Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat  
(01) Bucket  
(02) Bucket with folding back  
(03) Bench  
(04) Bench with separate back cushions  
(05) Bench with folding back(s)  
(06) Split bench with separate back cushions  
(07) Split bench with folding back(s)  
(08) Pedestal (i.e., column supported)  
(09) Other seat type (specify):  
(10) Box mounted seat (i.e., van type)  
(99) Unknown

4 3

## 27. Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat  
(1) No seat performance failure(s)  
(2) Seat adjusters failed  
(3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_  
(4) Seat track/anchors failed  
(5) Deformed by impact of occupant  
(6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_

1

- (7) Combination of above (specify): \_\_\_\_\_

- (8) Other (specify): \_\_\_\_\_

- (9) Unknown

## CHILD SAFETY SEAT

## 28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

## 29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

## 30. Child Safety Seat Orientation

(00) No child safety seat

 *Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

## 31. Child Safety Seat Harness Usage

## 32. Child Safety Seat Shield Usage

## 33. Child Safety Seat Tether Usage

 Note: Options below applicable to  
Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

## INJURY CONSEQUENCES

## 34. Injury Severity (Police Rating)

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

## 35. Treatment - Mortality

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):  
\_\_\_\_\_

(9) Unknown

## 36. Type Of Medical Facility (for Initial Treatment)

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_

(9) Unknown

## 37. Hospital Stay

(00) Not Hospitalized

\_\_\_\_\_  
Code the number of days (up through 60)  
that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

## 38. Working Days Lost

- \_\_\_\_\_  
Code the number of days  
(up through 60) that the occupant  
lost from work due to the accident
- (00) No working days lost
  - (61) 61 days or more
  - (62) Fatally injured
  - (97) Not working prior to accident
  - (99) Unknown

97

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE  
COMPLETED BY THE ZONE CENTER

## 39. Time to Death

- \_\_\_\_\_  
Code number of hours from time of  
accident to time of death up through 24  
hours. If time of death is greater than 24  
hours, code number of days. (Note: 1 day =  
31, 2 days = 32, ... n days = 30 + n up  
through 30 days = 60)
- (00) Not fatal
  - (96) Fatal - ruled disease
  - (99) Unknown

d d

## 40. 1st Medically Reported Cause of Death

d d

## 41. 2nd Medically Reported Cause of Death

d d

## 42. 3rd Medically Reported Cause of Death

d d

- \_\_\_\_\_  
Code the Occupant Injury from line  
number(s) for the medically reported  
injury(s) which reportedly contributed to  
this occupant's death

- (00) Not fatal or no additional causes
- (96) Mode of death given but specific  
injuries are not linked to cause  
of death. (specify):  
\_\_\_\_\_

(97) Other result (includes fatal ruled  
disease) (specify):  
\_\_\_\_\_

(99) Unknown

43. Number of Recorded Injuries for  
This Occupant\_\_\_\_\_  
Code the actual number of  
injuries recorded for this occupant.

- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

d d

**AUTOMATIC BELT SYSTEM**

- 44. Automatic (Passive) Belt System Availability/ Function**
- (0) Not equipped/not available
  - (1) 2 point automatic belts
  - (2) 3 point automatic belts
  - (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

- 45. Automatic (Passive) Belt System Use**
- (0) Not equipped/not available/destroyed or rendered inoperative
  - (1) Automatic belt in use
  - (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
  - (3) Automatic belt use unknown
  - (9) Unknown

- 46. Automatic (Passive) Belt System Type**
- (0) Not equipped/not available
  - (1) Non-motorized system
  - (2) Motorized system
  - (9) Unknown

- 47. Proper Use of Automatic (Passive) Belt System**
- (0) Not equipped/not available/not used
  - (1) Automatic belt used properly
  - (2) Automatic belt used properly with child safety seat
- Automatic Belt Used Improperly*
- (3) Automatic shoulder belt worn under arm
  - (4) Automatic shoulder belt worn behind back
  - (5) Automatic belt worn around more than one person
  - (6) Lap portion of automatic belt worn on abdomen
  - (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
  - (8) Other improper use of automatic belt system (specify):
  - (9) Unknown

**48. Automatic (Passive) Belt Failure Modes During Accident**

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):
- (9) Unknown

**49. Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):
- (9) Unknown

**Check the Primary Source Used In Determining Belt Use.**

- [ ] Not equipped/not available/destroyed or rendered inoperative
- Vehicle inspection
- [ ] Official injury data
- [ ] Driver/occupant interview
- [ ] Other (specify):

[ ] Unknown if belt used

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ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED  
WITH INITIAL SUBMISSION?

NO  YES [ ]

UPDATE CANDIDATE?

NO  YES [ ]

BEST AVAILABLE

**STOP - VARIABLES 50 THROUGH 53 ARE  
COMPLETED BY THE ZONE CENTER**

**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score  
(at Medical Facility)

(00) Not injured

(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the  
initial GCS Score recorded at medical  
facility.

(97) Injured, details unknown

(99) Unknown if injured

∅ ∅

51. Was the Occupant Given Blood?

(1) No - blood not given

(2) Yes - blood given

(specify units): \_\_\_\_\_

(99) Unknown if blood given

1

52. Arterial Blood Gases (ABG) - HCO<sub>3</sub>

(00) Not injured

(01) Injured, ABGs not measured or reported

(02-50) Code the actual value of the HCO<sub>3</sub>

(96) ABGs reported, HCO<sub>3</sub> unknown

(97) Injured, details unknown

(99) Unknown if injured

∅ ∅

**BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination

(0) Not equipped/not available/destroyed  
or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify): \_\_\_\_\_

(9) Unknown if belt used

1



## OCCUPANT ASSESSMENT FORM

Form Approved

O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number \_\_\_\_\_
2. Case Number - Stratum DST-95-SP-24
3. Vehicle Number φ 1
4. Occupant Number φ 5

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 14  
Code actual age at time of accident.  
(00) Less than one year old (specify by month):  
(97) 97 years and older  
(99) Unknown
6. Occupant's Sex 1  
(1) Male  
(2) Female  
(9) Unknown
7. Occupant's Height 183  
Code actual height to the nearest centimeter.  
(999) Unknown  
 $72 \text{ inches} \times 2.54 = 183 \text{ centimeters}$
8. Occupant's Weight φ 52  
Code actual weight to the nearest kilogram.  
(999) Unknown  
 $115 \text{ pounds} \times .4536 = \phi 52 \text{ kilograms}$
9. Occupant's Role 2  
(1) Driver  
(2) Passenger  
(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position 31

## Front Seat

- (11) Left side
- (12) Middle
- (13) Right side
- (14) Other (specify): \_\_\_\_\_
- (15) On or in the lap of another occupant

## Second Seat

- (21) Left side
- (22) Middle
- (23) Right side
- (24) Other (specify): \_\_\_\_\_
- (25) On or in the lap of another occupant

## Third Seat

- (31) Left side
- (32) Middle
- (33) Right side
- (34) Other (specify): \_\_\_\_\_
- (35) On or in the lap of another occupant

## Fourth Seat

- (41) Left side
- (42) Middle
- (43) Right side
- (44) Other (specify): \_\_\_\_\_
- (45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): \_\_\_\_\_

(99) Unknown

11. Occupant's Posture φ

## Normal posture

- (1) Kneeling or standing on seat

- (2) Lying on or across seat

- (3) Kneeling, standing or sitting in front of seat

- (4) Sitting sideways or turned to talk with another occupant or to look out a rear window

- (5) Sitting on a console

- (6) Lying back in a reclined seat position

- (7) Bracing with feet or hands on a surface in front of seat

- (8) Other abnormal posture (specify): \_\_\_\_\_

- (9) Unknown

BEST AVAILABLE

## EJECTION/ENTRAPMENT

## 12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

## 13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

## 14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):  
\_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify):  
\_\_\_\_\_
- (9) Unknown

## 15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

## 16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

## RESTRAINT SYSTEM EVALUATION

## 17. Manual (Active) Belt System Availability

- (0) None available  
 (1) Belt removed/destroyed  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)  
 (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

## 18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed  
 (01) Inoperative (specify):

(02) Shoulder belt \_\_\_\_\_

(03) Lap belt \_\_\_\_\_

(04) Lap and shoulder belt \_\_\_\_\_

(05) Belt used—type unknown \_\_\_\_\_

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat \_\_\_\_\_

(13) Lap belt used with child safety seat \_\_\_\_\_

(14) Lap and shoulder belt used with child safety seat \_\_\_\_\_

(15) Belt used with child safety seat—type unknown \_\_\_\_\_

(18) Other belt used with child safety seat (specify): \_\_\_\_\_

(99) Unknown if belt used \_\_\_\_\_

## 19. Proper Use of Manual (Active) Belts

- (0) None used or not available  
 (1) Belt used properly  
 (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm  
 (4) Shoulder belt worn behind back or seat  
 (5) Belt worn around more than one person  
 (6) Lap belt worn on abdomen  
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

## 20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used  
 (1) No manual belt failure(s)  
 (2) Torn webbing (stretched webbing not included)  
 (3) Broken buckle or latchplate  
 (4) Upper anchorage separated  
 (5) Other anchorage separated (specify):

(6) Broken retractor \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

3

## 21. Air Bag System Availability/Function

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):  
 (3) Air bag not reinstalled  
 (9) Unknown

Φ

## 22. Air Bag System Deployment

- (0) Not equipped/not available  
 (1) Air bag deployed during accident (as a result of impact)  
 (2) Air bag deployed inadvertently just prior to accident  
 (3) Air bag deployed, accident sequence undetermined  
 (4) Nondeployed  
 (5) Unknown if deployed  
 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (9) Unknown

Φ

## 23. Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):

(9) Unknown \_\_\_\_\_

Φ

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

## 24. Police Reported Restraint Use

- (0) None used  
 (1) Police did not indicate restraint use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Other or automatic restraint (specify):

(8) Restrained, type unknown  
 (9) Police indicated "unknown"Φ

## HEAD RESTRAINT AND SEAT EVALUATION

## 25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints  
(1) Integral—no damage  
(2) Integral—damaged during accident  
(3) Adjustable—no damage  
(4) Adjustable—damaged during accident  
(5) Add-on—no damage  
(6) Add-on—damaged during accident  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

b

## 27. Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat  
(1) No seat performance failure(s)  
(2) Seat adjusters failed  
(3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_  
(4) Seat track/anchors failed  
(5) Deformed by impact of occupant  
(6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_

4

- (7) Combination of above (specify): \_\_\_\_\_

- (8) Other (specify): \_\_\_\_\_

- (9) Unknown

## 26. Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat  
(01) Bucket  
(02) Bucket with folding back  
(03) Bench  
(04) Bench with separate back cushions  
(05) Bench with folding back(s)  
(06) Split bench with separate back cushions  
(07) Split bench with folding back(s)  
(08) Pedestal (i.e., column supported)  
(09) Other seat type (specify): \_\_\_\_\_  
(10) Box mounted seat (i.e., van type)  
(99) Unknown

d 3

## CHILD SAFETY SEAT

## 28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

## 29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

## 30. Child Safety Seat Orientation

(00) No child safety seat

 *Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

## 31. Child Safety Seat Harness Usage

## 32. Child Safety Seat Shield Usage

## 33. Child Safety Seat Tether Usage

 Note: Options below applicable to  
Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES****34. Injury Severity (Police Rating)**

- (0) O - No injury  
 (1) C - Possible injury  
 (2) B - Nonincapacitating injury  
 (3) A - Incapacitating injury  
 (4) K - Killed  
 (5) U - Injury, severity unknown  
 (6) Died prior to accident  
 (9) Unknown

**35. Treatment - Mortality**

- (0) No treatment  
 (1) Fatal  
 (2) Fatal - ruled disease (specify):  
 \_\_\_\_\_

*Nonfatal*

- (3) Hospitalization  
 (4) Transported and released  
 (5) Treatment at scene - nontransported  
 (6) Treatment later  
 (8) Treatment - other (specify):  
 \_\_\_\_\_

(9) Unknown

**36. Type Of Medical Facility (for Initial Treatment)**

- (0) Not treated at a medical facility  
 (1) Trauma center  
 (2) Hospital  
 (3) Medical clinic  
 (4) Physician's office  
 (5) Treatment later at medical facility  
 (8) Other (specify):  
 \_\_\_\_\_

(9) Unknown

**37. Hospital Stay**

(00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more  
 (99) Unknown

**38. Working Days Lost**

- \_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident  
 (00) No working days lost  
 (61) 61 days or more  
 (62) Fatally injured  
 (97) Not working prior to accident  
 (99) Unknown

97

**STOP - GO TO VARIABLE 44 ON PAGE 7**

**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**

**39. Time to Death**

- \_\_\_\_ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)  
 (00) Not fatal  
 (96) Fatal - ruled disease  
 (99) Unknown

dp dp

**40. 1st Medically Reported Cause of Death**

dp dp

**41. 2nd Medically Reported Cause of Death**

dp dp

**42. 3rd Medically Reported Cause of Death**

dp dp

\_\_\_\_ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes  
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):  
 \_\_\_\_\_

(99) Unknown

**43. Number of Recorded Injuries for This Occupant**

dp 5

\_\_\_\_ Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries  
 (97) Injured, details unknown  
 (99) Unknown if injured

## AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/  
Function
- Not equipped/not available
  - 2 point automatic belts
  - 3 point automatic belts
  - Automatic belts - type unknown

*Non-functional*

- Automatic belts destroyed or rendered  
inoperative
- Unknown

45. Automatic (Passive) Belt System Use
- Not equipped/not available/destroyed or  
rendered inoperative
  - Automatic belt in use
  - Automatic belt not in use (manually  
disconnected, motorized track inoperative)  
(specify):
  - Automatic belt use unknown
  - Unknown

46. Automatic (Passive) Belt System Type
- Not equipped/not available
  - Non-motorized system
  - Motorized system
  - Unknown

47. Proper Use of Automatic (Passive)  
Belt System
- Not equipped/not available/not used
  - Automatic belt used properly
  - Automatic belt used properly with  
child safety seat
- Automatic Belt Used Improperly*
- Automatic shoulder belt worn under arm
  - Automatic shoulder belt worn behind back
  - Automatic belt worn around more than  
one person
  - Lap portion of automatic belt worn  
on abdomen
  - Automatic lap and shoulder belt or  
automatic shoulder belt used improperly  
with child safety seat (specify):
  - Other improper use of automatic belt system  
(specify):
  - Unknown

48. Automatic (Passive) Belt Failure Modes  
During Accident
- Not equipped/not available/not in use
  - No automatic belt failure(s)
  - Torn webbing (stretched webbing not included)
  - Broken buckle or latchplate
  - Upper anchorage separated
  - Other anchorage separated (specify):
  - Broken retractor
  - Combination of above (specify):
  - Other automatic belt failure (specify):
  - Unknown

49. Seat Orientation (this Occupant Position)
- Occupant not seated or no seat
  - Forward facing seat
  - Rear facing seat
  - Side facing seat (inward)
  - Side facing seat (outward)
  - Other (specify):
  - Unknown

Check the Primary Source Used In Determining Belt Use.

- [ ] Not equipped/not available/destroyed  
or rendered inoperative
- [ ] Vehicle inspection
- [ ] Official injury data
- Driver/occupant interview
- [ ] Other (specify):

[ ] Unknown if belt used

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ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED  
WITH INITIAL SUBMISSION?

NO [ ] YES

UPDATE CANDIDATE?

NO  YES [ ]

BEST AVAILABLE

**STOP - VARIABLES 50 THROUGH 53 ARE  
COMPLETED BY THE ZONE CENTER****TRAUMA DATA****50. Glasgow Coma Scale (GCS) Score**

(at Medical Facility)

(00) Not injured

(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.

(97) Injured, details unknown

(99) Unknown if injured

01**51. Was the Occupant Given Blood?**

(1) No - blood not given

(2) Yes - blood given

(specify units):

(9) Unknown if blood given

1**52. Arterial Blood Gases (ABG) - HCO<sub>3</sub>**

(00) Not injured

(01) Injured, ABGs not measured or reported

(02-50) Code the actual value of the HCO<sub>3</sub>(96) ABGs reported, HCO<sub>3</sub> unknown

(97) Injured, details unknown

(99) Unknown if injured

01**BELT USE DETERMINATION****53. Primary Source of Belt Use Determination**

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify): \_\_\_\_\_

(9) Unknown if belt used

3



U.S. Department of Transportation

National Highway Traffic Safety  
Administration

BEST AVAILABLE

Form Approved

O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

## OCCUPANT INJURY FORM

1. Primary Sampling Unit Number \_\_\_\_\_

3. Vehicle Number               
      2. Case Number - Stratum DST-95-SP-24

4. Occupant Number

## INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	A.I.S. - 90						Injury Source Confidence Level	Occupant Area Intrusion Number			
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
1st	5. <u>4</u>	6. <u>1</u>	7. <u>1</u>	8. <u>5</u> <u>0</u>	9. <u>9</u> <u>9</u>	10. <u>7</u>	11. <u>0</u>	12. <u>2</u> <u>6</u>	13. <u>2</u>	14. <u>2</u>	15. <u>0</u> <u>0</u>
2nd	16. <u>4</u>	17. <u>6</u>	18. <u>4</u>	19. <u>0</u> <u>2</u>	20. <u>7</u> <u>8</u>	21. <u>1</u>	22. <u>6</u>	23. <u>2</u> <u>6</u>	24. <u>2</u>	25. <u>2</u>	26. <u>0</u> <u>0</u>
3rd	27. <u>4</u>	28. <u>6</u>	29. <u>4</u>	30. <u>0</u> <u>6</u>	31. <u>7</u> <u>8</u>	32. <u>1</u>	33. <u>8</u>	34. <u>2</u> <u>6</u>	35. <u>2</u>	36. <u>2</u>	37. <u>0</u> <u>0</u>
4th	38. <u>4</u>	39. <u>7</u>	40. <u>9</u>	41. <u>0</u> <u>4</u>	42. <u>0</u> <u>2</u>	43. <u>1</u>	44. <u>2</u>	45. <u>2</u> <u>6</u>	46. <u>2</u>	47. <u>1</u>	48. <u>0</u> <u>0</u>
5th	49. <u>4</u>	50. <u>8</u>	51. <u>9</u>	52. <u>0</u> <u>4</u>	53. <u>0</u> <u>2</u>	54. <u>1</u>	55. <u>2</u>	56. <u>2</u> <u>6</u>	57. <u>2</u>	58. <u>1</u>	59. <u>0</u> <u>0</u>
6th	60. <u>      </u>	61. <u>      </u>	62. <u>      </u>	63. <u>      </u>	64. <u>      </u>	65. <u>      </u>	66. <u>      </u>	67. <u>      </u>	68. <u>      </u>	69. <u>      </u>	70. <u>      </u>
7th	71. <u>      </u>	72. <u>      </u>	73. <u>      </u>	74. <u>      </u>	75. <u>      </u>	76. <u>      </u>	77. <u>      </u>	78. <u>      </u>	79. <u>      </u>	80. <u>      </u>	81. <u>      </u>
8th	82. <u>      </u>	83. <u>      </u>	84. <u>      </u>	85. <u>      </u>	86. <u>      </u>	87. <u>      </u>	88. <u>      </u>	89. <u>      </u>	90. <u>      </u>	91. <u>      </u>	92. <u>      </u>
9th	93. <u>      </u>	94. <u>      </u>	95. <u>      </u>	96. <u>      </u>	97. <u>      </u>	98. <u>      </u>	99. <u>      </u>	100. <u>      </u>	101. <u>      </u>	102. <u>      </u>	103. <u>      </u>
10th	104. <u>      </u>	105. <u>      </u>	106. <u>      </u>	107. <u>      </u>	108. <u>      </u>	109. <u>      </u>	110. <u>      </u>	111. <u>      </u>	112. <u>      </u>	113. <u>      </u>	114. <u>      </u>

## SOURCE OF INJURY DATA

### OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

### UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_

- (9) Police

## INJURY SOURCE

### FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (19) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): \_\_\_\_\_

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): \_\_\_\_\_

### LEFT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): \_\_\_\_\_

### RIGHT SIDE

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): \_\_\_\_\_

### RIGHT SIDE

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): \_\_\_\_\_
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): \_\_\_\_\_

### INTERIOR

- (47) Interior loose objects
- (48) Child safety seat (specify): \_\_\_\_\_

### INTERIOR

- (49) Other interior object (specify): \_\_\_\_\_

### ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

### FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

### REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): \_\_\_\_\_

### EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): \_\_\_\_\_
- (68) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): \_\_\_\_\_

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): \_\_\_\_\_

- (79) Rear surface
- (80) Underrcarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): \_\_\_\_\_

- (83) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify)

- (86) Unknown vehicle or object

### NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): \_\_\_\_\_
- (93) Air bag exhaust gases
- (97) Injured, unknown source

## INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

## DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

## Body Region

### Specific Anatomic Structure

### Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

### Abbreviated Injury Scale

- (1) Minor Injury
- (2) Moderate Injury
- (3) Serious Injury
- (4) Severe Injury
- (5) Critical Injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

### Vessels, Nerves, Organs, Bones, Joints

Joints are assigned consecutive two digit numbers beginning with 02

### Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

### Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

### Type of Anatomic Structure

### Whole Area

### Head - LOC

### 04, 06, 08 Level of Consciousness

### Concussion

### Whole Area

### Vessels

### Nerves

### Organs (includes muscles/ligaments)

### Skeletal (includes joints)

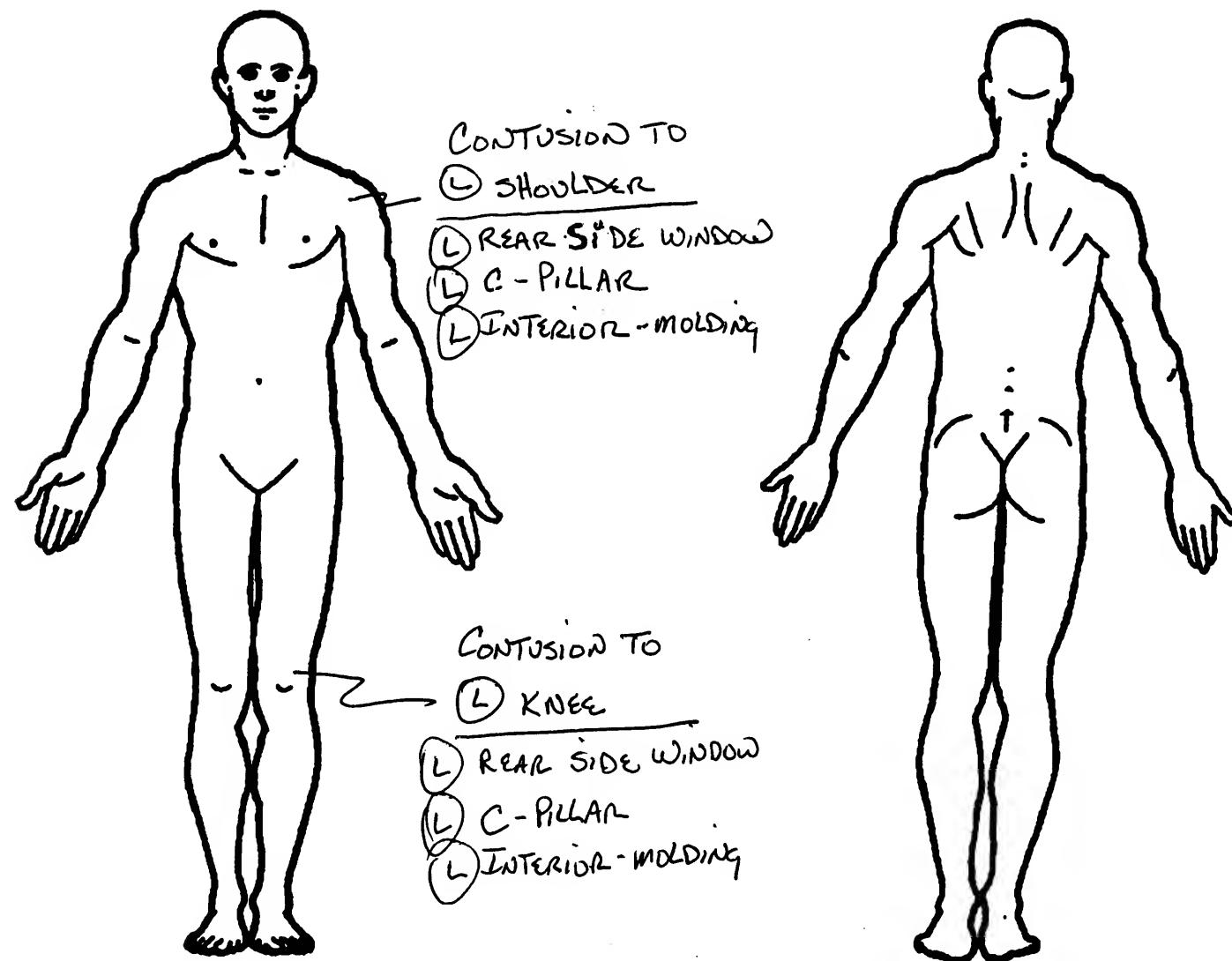
### Head - LOC

### Skin

BEST AVAILABLE

## OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

- No  
 Yes

Blood Alcohol Level (mg/dl)

BAL = \_\_\_\_\_

Glasgow Coma Scale Score

GCSS = \_\_\_\_\_

Units of Blood Given

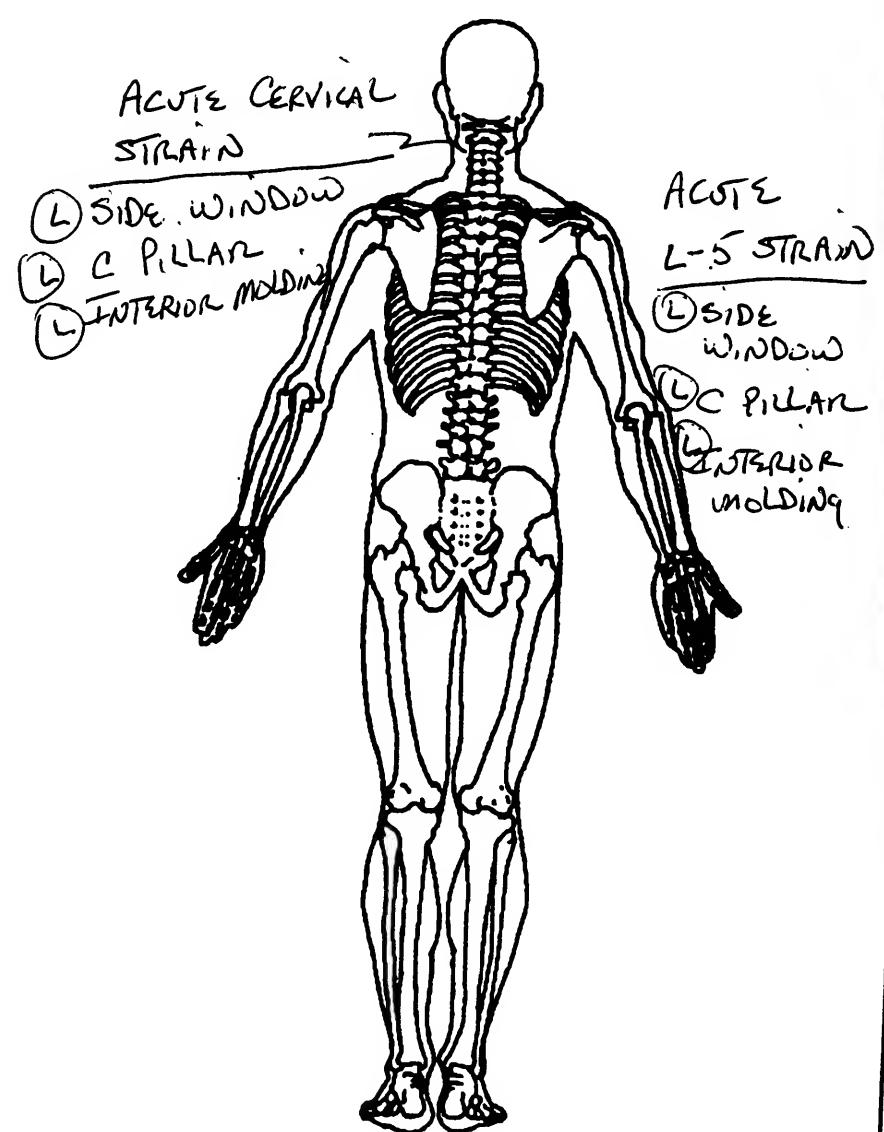
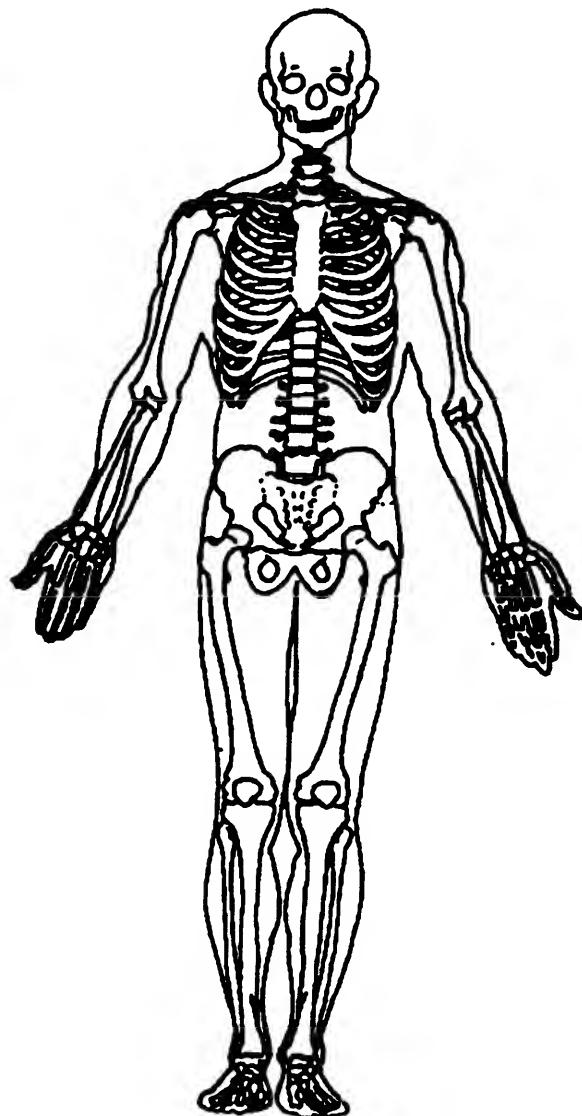
Units = \_\_\_\_\_

Arterial Blood Gases

pH = \_\_\_\_\_

PO<sub>2</sub> = \_\_\_\_\_PCO<sub>2</sub> = \_\_\_\_\_HCO<sub>3</sub> = \_\_\_\_\_

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

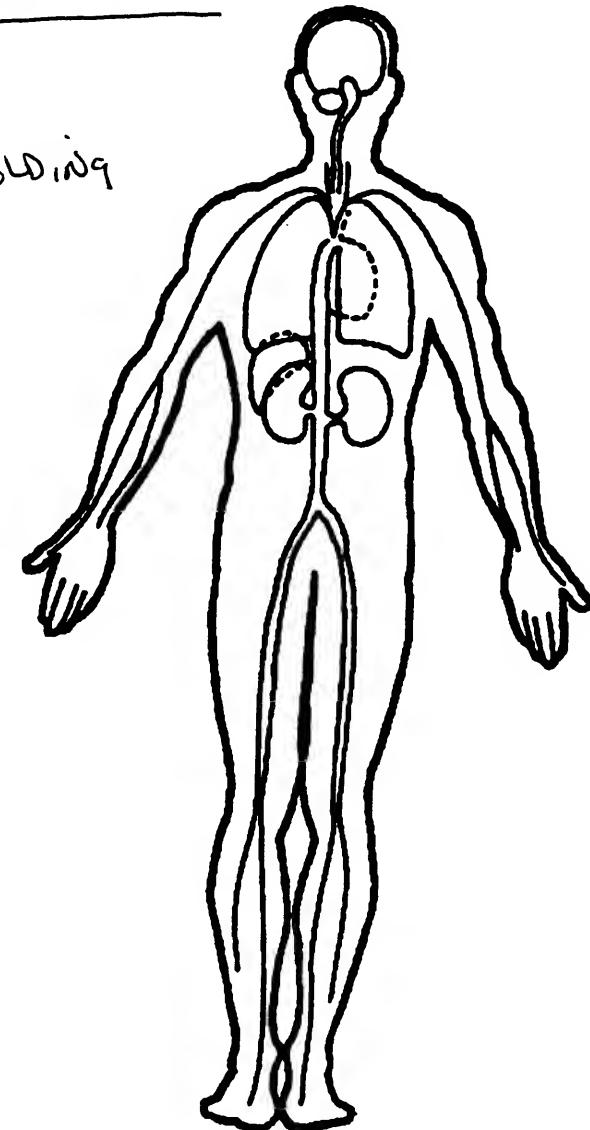
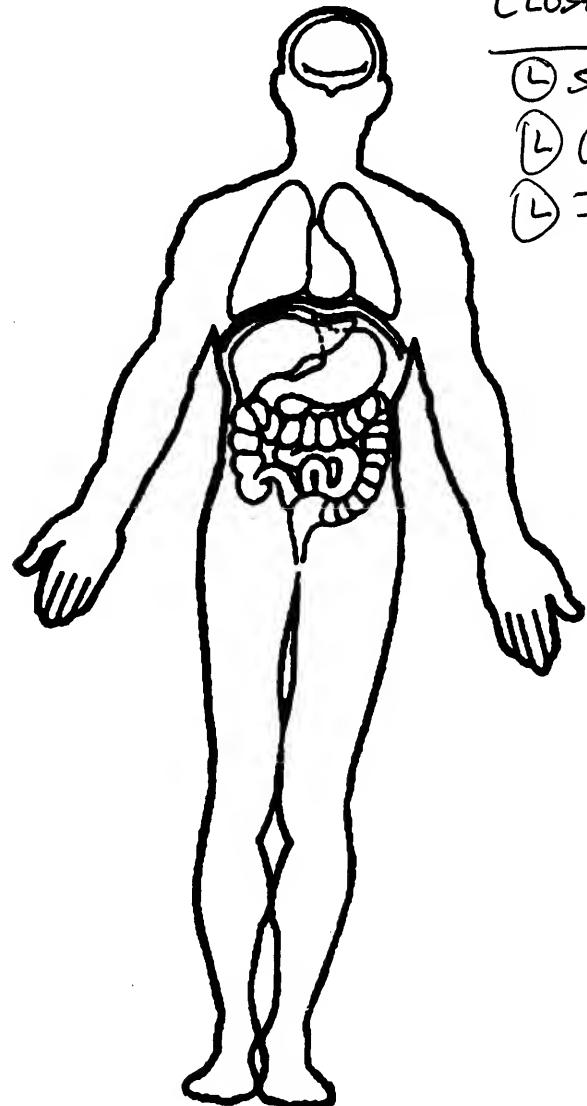


## OFFICIAL INJURY DATA - INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

CLOSED HEAD INJURY-NFS

- (L) SIDE WINDOW
- (L) C PILLAR
- (L) INTERIOR - MOLDING





## OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number \_\_\_\_\_
2. Case Number - Stratum DSI-95-SP-24
3. Vehicle Number 61
4. Occupant Number Φ 6

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 16  
Code actual age at time of accident.  
(00) Less than one year old (specify by month):  
  
(97) 97 years and older  
(99) Unknown
6. Occupant's Sex 1  
(1) Male  
(2) Female  
(9) Unknown
7. Occupant's Height 185  
Code actual height to the nearest centimeter.  
(999) Unknown  
  
73 inches X 2.54 = 185 centimeters
8. Occupant's Weight Φ 58  
Code actual weight to the nearest kilogram.  
(999) Unknown  
  
127 pounds X .4536 = Φ 58 kilograms
9. Occupant's Role 2  
(1) Driver  
(2) Passenger  
(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position 33  
*Front Seat*  
(11) Left side  
(12) Middle  
(13) Right side  
(14) Other (specify): \_\_\_\_\_  
(15) On or in the lap of another occupant
- Second Seat*  
(21) Left side  
(22) Middle  
(23) Right side  
(24) Other (specify): \_\_\_\_\_  
(25) On or in the lap of another occupant
- Third Seat*  
(31) Left side  
(32) Middle  
(33) Right side  
(34) Other (specify): \_\_\_\_\_  
(35) On or in the lap of another occupant
- Fourth Seat*  
(41) Left side  
(42) Middle  
(43) Right side  
(44) Other (specify): \_\_\_\_\_  
(45) On or in the lap of another occupant  
  
(97) In or on unenclosed area  
(98) Other seat (specify): \_\_\_\_\_  
(99) Unknown
11. Occupant's Posture Φ  
(0) Normal posture  
  
*Abnormal posture*  
(1) Kneeling or standing on seat  
(2) Lying on or across seat  
(3) Kneeling, standing or sitting in front of seat  
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window  
(5) Sitting on a console  
(6) Lying back in a reclined seat position  
(7) Bracing with feet or hands on a surface in front of seat  
(8) Other abnormal posture (specify): \_\_\_\_\_  
(9) Unknown

BEST AVAILABLE

## EJECTION/ENTRAPMENT

## 12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

1

## 15. Medium Status (Immediately Prior To Impact)

2

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

## 13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

6

## 16. Entrapment

D

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

## 14. Ejection Medium

1

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):  
\_\_\_\_\_  
(5) Integral structure
- (8) Other medium (specify):  
\_\_\_\_\_  
(9) Unknown

## RESTRAINT SYSTEM EVALUATION

## 17. Manual (Active) Belt System Availability

- (0) None available  
 (1) Belt removed/destroyed  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)  
 (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify):

(9) Unknown

## 18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed  
 (01) Inoperative (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

## 19. Proper Use of Manual (Active) Belts

- (0) None used or not available  
 (1) Belt used properly  
 (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm  
 (4) Shoulder belt worn behind back or seat  
 (5) Belt worn around more than one person  
 (6) Lap belt worn on abdomen  
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):  
 (8) Other improper use of manual belt system (specify):  
 (9) Unknown

## 20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used  
 (1) No manual belt failure(s)  
 (2) Torn webbing (stretched webbing not included)  
 (3) Broken buckle or latchplate  
 (4) Upper anchorage separated  
 (5) Other anchorage separated (specify):  
 (6) Broken retractor  
 (7) Combination of above (specify):  
 (8) Other manual belt failure (specify):  
 (9) Unknown

3

## 21. Air Bag System Availability/Function

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):  
 (3) Air bag not reinstalled  
 (9) Unknown

## 22. Air Bag System Deployment

- (0) Not equipped/not available  
 (1) Air bag deployed during accident (as a result of impact)  
 (2) Air bag deployed inadvertently just prior to accident  
 (3) Air bag deployed, accident sequence undetermined  
 (4) Nondeployed  
 (5) Unknown if deployed  
 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (9) Unknown

6. Ø

## 23. Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):  
 (9) Unknown

Ø

*Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts*

## 24. Police Reported Restraint Use

- (0) None used  
 (1) Police did not indicate restraint use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Other or automatic restraint (specify):  
 (8) Restrained, type unknown  
 (9) Police indicated "unknown"

Ø

## HEAD RESTRAINT AND SEAT EVALUATION

## 25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints  
(1) Integral—no damage  
(2) Integral—damaged during accident  
(3) Adjustable—no damage  
(4) Adjustable—damaged during accident  
(5) Add-on—no damage  
(6) Add-on—damaged during accident  
(7) Other (specify): \_\_\_\_\_  
(8) \_\_\_\_\_

(9) Unknown

CP

## 26. Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat  
(01) Bucket  
(02) Bucket with folding back  
(03) Bench  
(04) Bench with separate back cushions  
(05) Bench with folding back(s)  
(06) Split bench with separate back cushions  
(07) Split bench with folding back(s)  
(08) Pedestal (i.e., column supported)  
(09) Other seat type (specify):  
  
(10) Box mounted seat (i.e., van type)  
(99) Unknown

CP 3

## 27. Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat  
(1) No seat performance failure(s)  
(2) Seat adjusters failed  
(3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_  
(4) Seat track/anchors failed  
(5) Deformed by impact of occupant  
(6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_  
  
\_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other (specify): \_\_\_\_\_

(9) Unknown

1

## CHILD SAFETY SEAT

## 28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

*(b)(4)*

## 29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

*(b)*

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

## 30. Child Safety Seat Orientation

(00) No child safety seat

*(b)(4)**Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

*'Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

## 31. Child Safety Seat Harness Usage

*(b)(4)*

## 32. Child Safety Seat Shield Usage

*(b)(4)*

## 33. Child Safety Seat Tether Usage

*(b)(4)*Note: Options below applicable to  
Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES****34. Injury Severity (Police Rating)**

- (0) O - No injury  
 (1) C - Possible injury  
 (2) B - Nonincapacitating injury  
 (3) A - Incapacitating injury  
 (4) K - Killed  
 (5) U - Injury, severity unknown  
 (6) Died prior to accident  
 (9) Unknown

1**38. Working Days Lost**

- 97  
 \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident  
 (00) No working days lost  
 (61) 61 days or more  
 (62) Fatally injured  
 (97) Not working prior to accident  
 (99) Unknown

**35. Treatment - Mortality**

- (0) No treatment  
 (1) Fatal  
 (2) Fatal - ruled disease (specify):  
 \_\_\_\_\_

b*Nonfatal*

- (3) Hospitalization  
 (4) Transported and released  
 (5) Treatment at scene - nontransported  
 (6) Treatment later  
 (8) Treatment - other (specify):  
 \_\_\_\_\_

(9) Unknown**36. Type Of Medical Facility (for Initial Treatment)**3

- (0) Not treated at a medical facility  
 (1) Trauma center  
 (2) Hospital  
 (3) Medical clinic  
 (4) Physician's office  
 (5) Treatment later at medical facility  
 (8) Other (specify):  
 \_\_\_\_\_

(9) Unknown**37. Hospital Stay**

- (00) Not Hospitalized

\_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more  
 (99) Unknown

00**40. 1st Medically Reported Cause of Death**00**41. 2nd Medically Reported Cause of Death**00**42. 3rd Medically Reported Cause of Death**00

\_\_\_\_\_ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes  
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):  
 \_\_\_\_\_

(97) Other result (includes fatal ruled disease) (specify):  
 \_\_\_\_\_

(99) Unknown

**43. Number of Recorded Injuries for This Occupant**04

\_\_\_\_\_ Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries  
 (97) Injured, details unknown  
 (99) Unknown if injured

**AUTOMATIC BELT SYSTEM****44. Automatic (Passive) Belt System Availability/ Function**

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

**45. Automatic (Passive) Belt System Use**

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

**46. Automatic (Passive) Belt System Type**

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

**47. Proper Use of Automatic (Passive) Belt System**

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of automatic belt system (specify): \_\_\_\_\_
- (9) Unknown

**48. Automatic (Passive) Belt Failure Modes During Accident**

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_
- (6) Broken retractor
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other automatic belt failure (specify): \_\_\_\_\_
- (9) Unknown

**49. Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- Not equipped/not available/destroyed or rendered inoperative
- Vehicle inspection
- Official injury data
- Driver/occupant interview
- Other (specify): \_\_\_\_\_

- Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO  YES

UPDATE CANDIDATE?

NO  YES

BEST AVAILABLE

**STOP - VARIABLES 50 THROUGH 53 ARE  
COMPLETED BY THE ZONE CENTER**

**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) 12  
(00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
(97) Injured, details unknown  
(99) Unknown if injured

51. Was the Occupant Given Blood? 1  
(1) No - blood not given  
(2) Yes - blood given  
(specify units): \_\_\_\_\_  
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 1  
(00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the HCO<sub>3</sub>  
(96) ABGs reported, HCO<sub>3</sub> unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination 3  
(0) Not equipped/not available/destroyed or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown if belt used



U.S. Department of Transportation

National Highway Traffic Safety  
AdministrationBEST AVAILABLE Form Approved  
O.M.B. No. 2127-0021  
NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

## OCCUPANT INJURY FORM

1. Primary Sampling Unit Number \_\_\_\_\_  
 2. Case Number - Stratum DSI - 95-SP-24

3. Vehicle Number Φ 14. Occupant Number Φ 6

## INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	A.I.S. - 90						Injury Source Confidence Level	Occupant Area Intrusion Number			
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
1st	5. <u>4</u>	6. <u>1</u>	7. <u>1</u>	8. <u>5Φ</u>	9. <u>99</u>	10. <u>7</u>	11. <u>Φ</u>	12. <u>26</u>	13. <u>2</u>	14. <u>2</u>	15. <u>ΦΦ</u>
2nd	16. <u>4</u>	17. <u>6</u>	18. <u>4</u>	19. <u>Φ 2</u>	20. <u>7 8</u>	21. <u>1</u>	22. <u>6</u>	23. <u>26</u>	24. <u>2</u>	25. <u>2</u>	26. <u>ΦΦ</u>
3rd	27. <u>4</u>	28. <u>7</u>	29. <u>5</u>	30. <u>1Φ</u>	31. <u>2Φ</u>	32. <u>1</u>	33. <u>2</u>	34. <u>26</u>	35. <u>2</u>	36. <u>2</u>	37. <u>ΦΦ</u>
4th	38. <u>4</u>	39. <u>7</u>	40. <u>5</u>	41. <u>12</u>	42. <u>1Φ</u>	43. <u>1</u>	44. <u>2</u>	45. <u>26</u>	46. <u>2</u>	47. <u>1</u>	48. <u>ΦΦ</u>
5th	49. <u>  </u>	50. <u>  </u>	51. <u>  </u>	52. <u>  </u>	53. <u>  </u>	54. <u>  </u>	55. <u>  </u>	56. <u>  </u>	57. <u>  </u>	58. <u>  </u>	59. <u>  </u>
6th	60. <u>  </u>	61. <u>  </u>	62. <u>  </u>	63. <u>  </u>	64. <u>  </u>	65. <u>  </u>	66. <u>  </u>	67. <u>  </u>	68. <u>  </u>	69. <u>  </u>	70. <u>  </u>
7th	71. <u>  </u>	72. <u>  </u>	73. <u>  </u>	74. <u>  </u>	75. <u>  </u>	76. <u>  </u>	77. <u>  </u>	78. <u>  </u>	79. <u>  </u>	80. <u>  </u>	81. <u>  </u>
8th	82. <u>  </u>	83. <u>  </u>	84. <u>  </u>	85. <u>  </u>	86. <u>  </u>	87. <u>  </u>	88. <u>  </u>	89. <u>  </u>	90. <u>  </u>	91. <u>  </u>	92. <u>  </u>
9th	93. <u>  </u>	94. <u>  </u>	95. <u>  </u>	96. <u>  </u>	97. <u>  </u>	98. <u>  </u>	99. <u>  </u>	100. <u>  </u>	101. <u>  </u>	102. <u>  </u>	103. <u>  </u>
10th	104. <u>  </u>	105. <u>  </u>	106. <u>  </u>	107. <u>  </u>	108. <u>  </u>	109. <u>  </u>	110. <u>  </u>	111. <u>  </u>	112. <u>  </u>	113. <u>  </u>	114. <u>  </u>

## SOURCE OF INJURY DATA

### OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

### UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_

(9) Police

## INJURY SOURCE

### FRONT

- (O1) Windshield
- (O2) Mirror
- (O3) Sunvisor
- (O4) Steering wheel rim
- (O5) Steering wheel hub/spoke
- (O6) Steering wheel (combination of codes O4 and O5)
- (O7) Steering column, transmission selector lever, other attachment
- (O8) Add on equipment (e.g., CB, tape deck, air conditioner)
- (O9) Left instrument panel and below
- (O10) Center instrument panel and below
- (O11) Right instrument panel and below
- (O12) Glove compartment door
- (O13) Knee bolster
- (O14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (O15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (O16) Driver side air bag compartment cover
- (O17) Passenger side air bag compartment cover
- (O18) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (O19) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): \_\_\_\_\_

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): \_\_\_\_\_

### LEFT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): \_\_\_\_\_

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): \_\_\_\_\_

### RIGHT SIDE

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): \_\_\_\_\_
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): \_\_\_\_\_

- (47) Interior loose objects
- (48) Child safety seat (specify): \_\_\_\_\_

### INTERIOR

- (49) Other interior object (specify): \_\_\_\_\_

### ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

### FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

### REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): \_\_\_\_\_

### EXTERIOR OF OCCUPANT'S VEHICLE

- (66) Hood
- (68) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): \_\_\_\_\_
- (68) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): \_\_\_\_\_

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): \_\_\_\_\_

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): \_\_\_\_\_

### UNKNOWN EXTERIOR OF OTHER MOTOR VEHICLE

- (83) Unknown exterior of other motor vehicle
- (84) Ground
- (85) Other vehicle or object (specify): \_\_\_\_\_

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (86) Unknown vehicle or object
- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): \_\_\_\_\_
- (93) Air bag exhaust gases
- (97) Injured, unknown source

## INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

## DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

## OCCUPANT INJURY CLASSIFICATION

### Body Region

### Type of Anatomic Structure

### Specific Anatomic Structure

- |                                    |   |                                 |
|------------------------------------|---|---------------------------------|
| <b>Whole Area</b>                  | <b>Spine</b>  | <b>Abbreviated Injury Scale</b> |
| (02) Skin - Abrasion               | (02) Cervical   | (1) Minor injury                |
| (04) Skin - Contusion              | (04) Thoracic   | (2) Moderate injury             |
| (08) Skin - Laceration             | (06) Lumbar   | (3) Serious injury              |
| (08) Skin - Avulsion               | <b>Vessels, Nerves, Organs, Bones,</b>                                      | (4) Severe injury               |
| (10) Amputation                    | <b>Joint</b> s are assigned consecutive two digit numbers beginning with 02 | (5) Critical injury             |
| (20) Burn                          |   | (6) Maximum (untreatable)       |
| (30) Crush                         |   | (7) Injured, unknown severity   |
| (40) Degloving                     |   |                                 |
| (50) Injury - NFS                  |   |                                 |
| (90) Trauma, other than mechanical |   |                                 |

### Head - LOC

- |                                     |  |               |
|-------------------------------------|--|---------------|
| (02) Length of LOC                  | <b>Level of Injury</b>   | <b>Aspect</b> |
| (04, 06, 08) Level of Consciousness | Specific injuries are assigned consecutive two-digit numbers beginning with 02.  | (1) Right     |
| (10) Concussion                     | To the extent possible, within the organizational framework of the AIS, 00 is assigned to an Injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity. | (2) Left      |

### Vessels

### Nerves

### Organs (includes muscles/ligaments)

### Skeletal (includes joints)

### Head - LOC

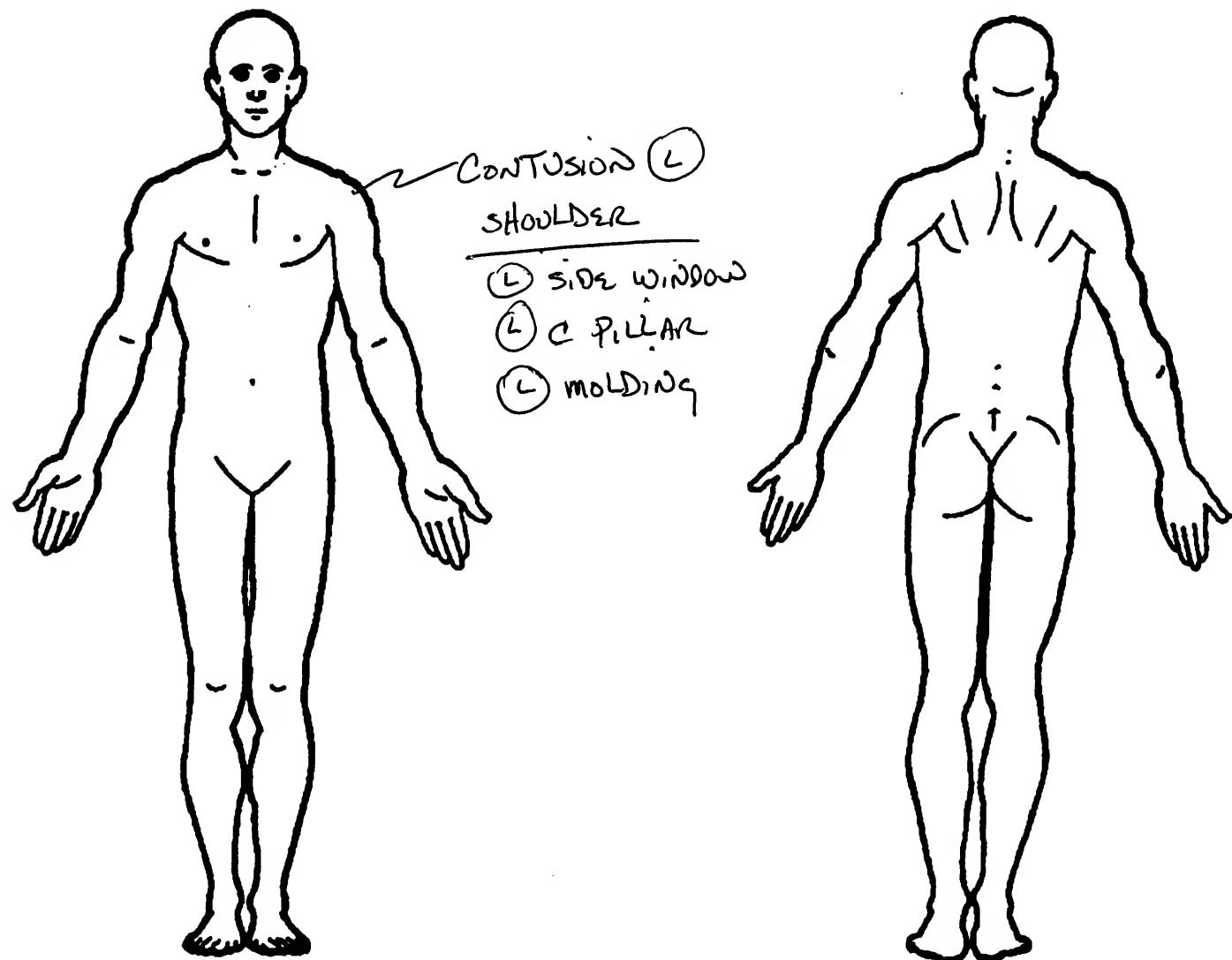
### Skin

### Other

### Unspecified

## OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## OFFICIAL INJURY DATA – SKELETAL INJURIES

Restrained?

- No
- Yes

Blood Alcohol Level (mg/dl)

BAL = \_\_\_\_\_

Glasgow Coma Scale Score

GCSS = \_\_\_\_\_

Units of Blood Given

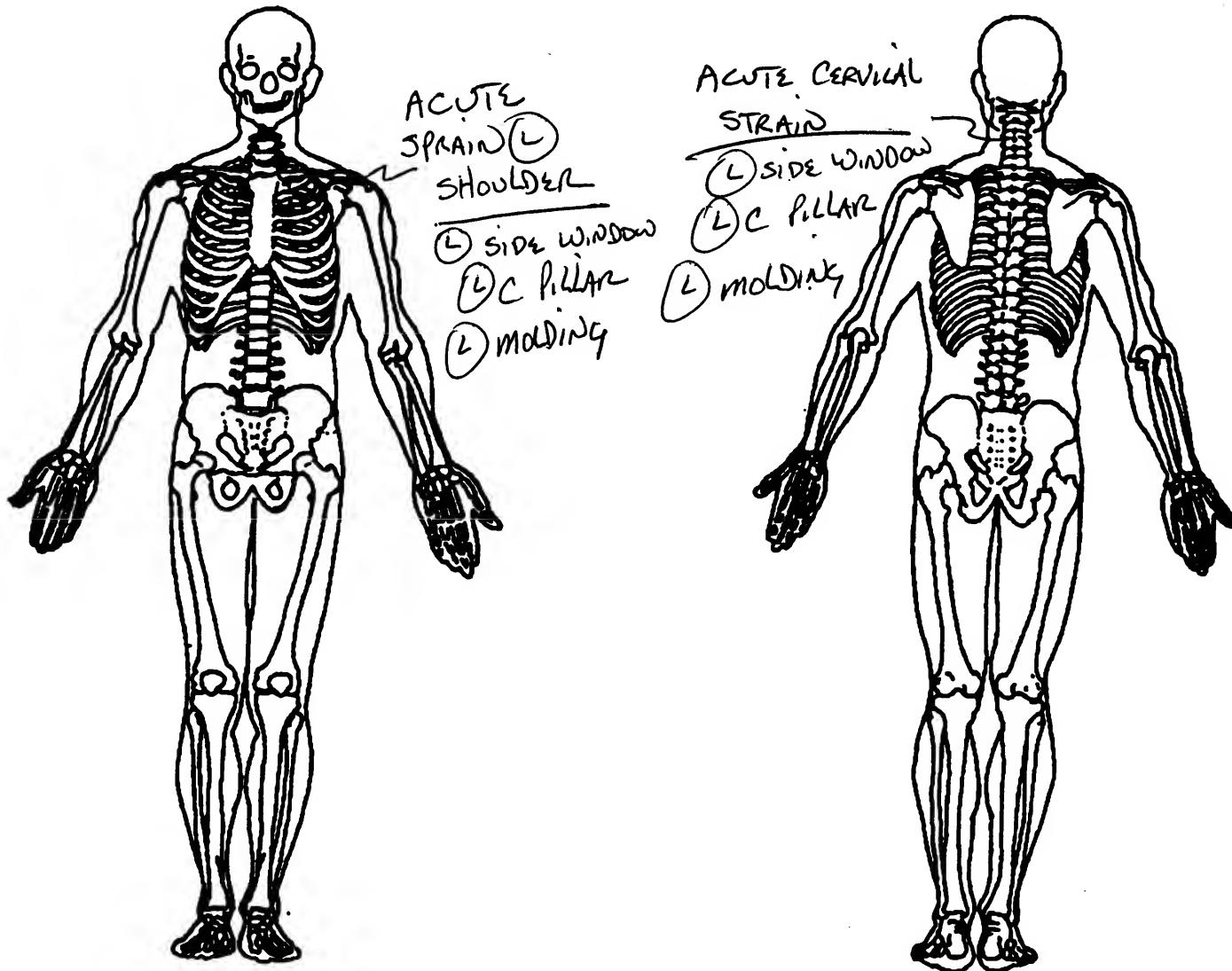
Units = \_\_\_\_\_

Arterial Blood Gases

pH = \_\_\_\_\_

PO<sub>2</sub> = \_\_\_\_\_PCO<sub>2</sub> = \_\_\_\_\_HCO<sub>3</sub> = \_\_\_\_\_

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



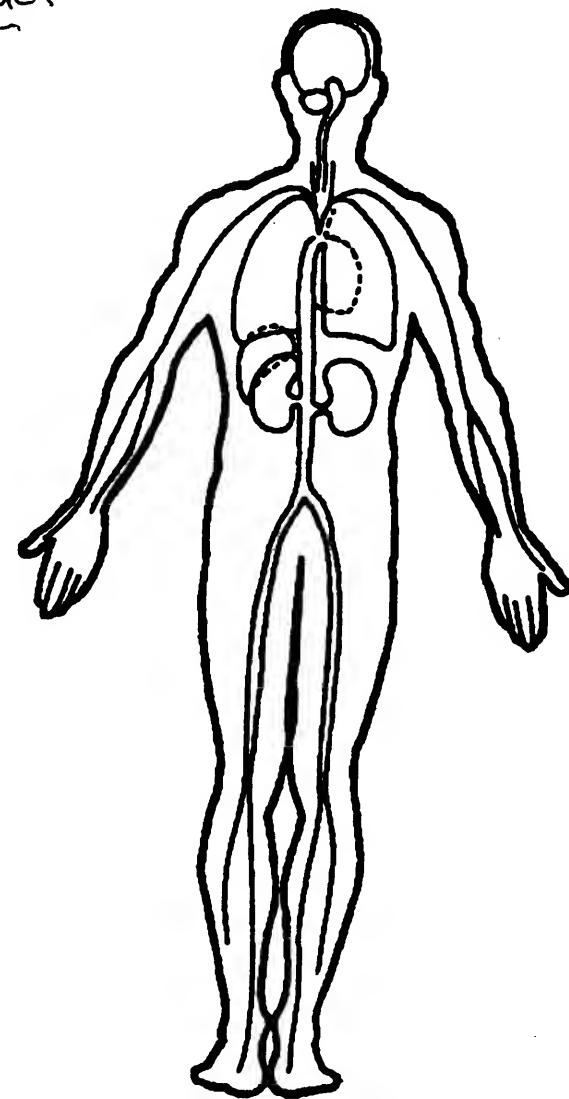
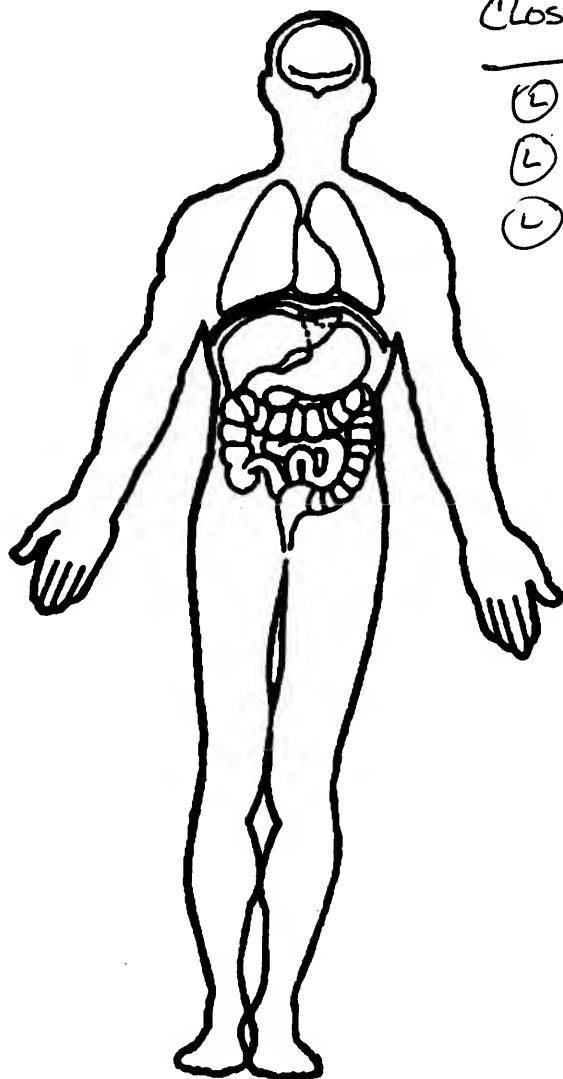
## OFFICIAL INJURY DATA – INTERNAL INJURIES

BEST AVAILABLE

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

### CLOSED HEAD INJURY

- side window
- C PILLAR
- molding



GENERAL VEHICLE FORM NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number \_\_\_\_\_  
 2. Case Number - Stratum DSI-95-SP-24  
 3. Vehicle Number 02

## VEHICLE IDENTIFICATION

4. Vehicle Model Year 95 INDICATES 95  
 Code the last two digits of the model year  
 (99) Unknown

5. Vehicle Make (specify): SATURN 24  
 Applicable codes are found in your  
 NASS Data Collection, Coding and  
 Editing Manual.  
 (99) Unknown

6. Vehicle Model (specify): 5L 241  
 Applicable codes are found in your  
 NASS Data Collection, Coding and  
 Editing Manual.  
 (999) Unknown

7. Body Type 24  
 Note: Applicable codes may be found on  
 the back of this page.

8. Vehicle Identification Number  
 168ZF52885Z \*  
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify; Slash zeros and letter Z (0 and Z)  
 No VIN—Code all zeros  
 Unknown—Code all nines

## OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1  
 (0) Not towed due to vehicle damage  
 (1) Towed due to vehicle damage  
 (9) Unknown

10. Police Reported Travel Speed 24

Code to the nearest kph (NOTE: 000 means  
 less than 0.5 kph)  
 (160) 159.5 kph and above  
 (999) Unknown

40 mph X 1.6093 = 64 kph

11. Police Reported Alcohol Presence  
 (0) No alcohol present  
 (1) Yes (alcohol present)  
 (7) Not reported  
 (8) No driver present  
 (9) Unknown

Note: See variables 37 through 55  
 (Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver 95  
 Code actual value (decimal implied  
 before first digit—0.xx)  
 (95) Test refused  
 (96) None given  
 (97) AC test performed, results unknown  
 (98) No driver present  
 (99) Unknown

Source: \_\_\_\_\_

## ACCIDENT RELATED

13. Speed Limit 64  
 (000) No statutory limit  
 Code posted or statutory speed limit  
 in kph  
 (999) Unknown

40 mph X 1.6093 = 64 kph

14. Attempted Avoidance Maneuver 2B  
 (01) No avoidance actions  
 (02) Braking (no lockup)  
 (03) Braking (lockup)  
 (04) Braking (lockup unknown)  
 (05) Releasing brakes  
 (06) Steering left  
 (07) Steering right  
 (08) Braking and steering left  
 (09) Braking and steering right  
 (10) Accelerating  
 (11) Accelerating and steering left  
 (12) Accelerating and steering right  
 (97) No driver present  
 (98) Other action (specify):  
 (99) Unknown

15. Accident Type 88  
 Applicable codes may be found on the  
 back of page two of this field form  
 (00) No impact  
 Code the number of the diagram that  
 best describes the accident circumstance  
 (98) Other accident type (specify):  
 (99) Unknown

BEST AVAILABLE

\*\*\*\*\* SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 \*\*\*\*\*

# CODES FOR BODY TYPE

## CDS APPLICABLE VEHICLES

### **Automobiles**

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify):  
\_\_\_\_\_  
(09) Unknown automobile type

### **Automobile Derivatives**

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

### **Utility Vehicles ( $\leq 4,500$ kgs GVWR)**

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelair, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

### **Van Based Light Trucks ( $\leq 4,500$ kgs GVWR)**

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ( $\leq 4,500$  kgs GVWR)
- (23) Van based motorhome ( $\leq 4,500$  kgs GVWR)
- (24) Van based school bus ( $\leq 4,500$  kgs GVWR)
- (25) Van based other bus ( $\leq 4,500$  kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify):  
\_\_\_\_\_  
(29) Unknown van type

### **Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)**

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500.)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

### **Other Light Trucks ( $\leq 4,500$ kgs GVWR)**

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

## OTHER VEHICLES

### **Buses (Excludes Van Based)**

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):  
\_\_\_\_\_  
(59) Unknown bus type

### **Medium/Heavy Trucks ( $> 4,500$ kgs GVWR)**

- (60) Step van ( $> 4,500$  kgs GVWR)
- (61) Single unit straight truck ( $4,500$  kgs  $<$  GVWR  $\leq 8,850$  kgs)
- (62) Single unit straight truck ( $8,850$  kgs  $<$  GVWR  $\leq 12,000$  kgs)
- (63) Single unit straight truck ( $> 12,000$  kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

### **Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)**

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify):  
\_\_\_\_\_  
(89) Unknown motored cycle type

### **Other Vehicles**

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

**OCCUPANT RELATED**

16. Driver Presence in Vehicle  
 (0) Driver not present  
 (1) Driver present  
 (9) Unknown

1

17. Number of Occupants This Vehicle  
 (00-96) Code actual number of occupants  
 for this vehicle  
 (97) 97 or more  
 (99) Unknown

1

18. Number of Occupant Forms Submitted

1**VEHICLE WEIGHT ITEMS**

19. Vehicle Curb Weight  
 \_\_\_\_\_ Code weight to nearest  
 10 kilograms.  
 (045) Less than 450 kilograms  
 (610) 6,100 kilograms or more  
 (999) Unknown

1, 460

$$\underline{2,324} \text{ lbs} \times .4536 = \underline{1,054} \text{ kgs}$$

Source: \_\_\_\_\_

20. Vehicle Cargo Weight  
 \_\_\_\_\_ Code weight to nearest  
 10 kilograms.  
 (000) Less than 5 kilograms  
 (450) 4,500 kilograms or more  
 (999) Unknown

9, 990

$$\underline{\quad\quad\quad} \text{ lbs} \times .4536 = \underline{\quad\quad\quad} \text{ kgs}$$

**RECONSTRUCTION DATA**

21. Towed Trailing Unit  
 (0) No towed unit  
 (1) Yes—towed trailing unit  
 (9) Unknown

1

22. Documentation of Trajectory Data  
 for This Vehicle  
 (0) No  
 (1) Yes

1

23. Post Collision Condition of Tree or Pole  
 (For Highest Delta V)  
 (0) Not collision (for highest delta V) with  
 tree or pole  
 (1) Not damaged  
 (2) Cracked/sheared  
 (3) Tilted <45 degrees  
 (4) Tilted ≥45 degrees  
 (5) Uprooted tree  
 (6) Separated pole from base  
 (7) Pole replaced  
 (8) Other (specify):  
 (9) Unknown

1**24. Rollover**

- (0) No rollover (no overturning)

1*Rollover (primarily about the longitudinal axis)*

- (1) Rollover, 1 quarter turn only  
 (2) Rollover, 2 quarter turns  
 (3) Rollover, 3 quarter turns  
 (4) Rollover, 4 or more quarter turns (specify):

- (5) Rollover--end-over-end (i.e., primarily  
 about the lateral axis)  
 (9) Rollover (overturn), details unknown

 **OVERRIDE/UNDERRIDE (THIS VEHICLE)****25. Front Override/Underride (this Vehicle)**1**26. Rear Override/Underride (this Vehicle)**1

- (0) No override/underride, or  
 not an end-to-end impact

*Override (see specific CDC)*

- (1) 1st CDC  
 (2) 2nd CDC  
 (3) Other not automated CDC (specify):

*Underride (see specific CDC)*

- (4) 1st CDC  
 (5) 2nd CDC  
 (6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override  
 (9) Unknown

**HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V**

Values: (000)-(359) Code actual value  
 (997) Noncollision  
 (998) Impact with object  
 (999) Unknown

27. Heading Angle For This Vehicle

3 3 9

28. Heading Angle For Other Vehicle

2 7 1

Category		ACCIDENT TYPES (Includes Intent)					
I. Single Driver	A. Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN	
	B. Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN	
	C. Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
	D. Rear-End	20 STOPPED 21, 22, 23	22 SLOWER 26, 27	24 DECEL. 29, 30, 31	26 25 27 28 29 30 31	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	34 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	38 AVOID COLLISION WITH VEH.	40 AVOID COLLISION WITH OBJECT	(EACH • 42) (EACH • 43) SPECIFICS OTHER	SPECIFICS UNKNOWN
	F. Side-slip Angle	44 45 46	45 47	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN		
	G. Head-On	50 LATERAL MOVE	51 SPECIFICS OTHER	(EACH • 52) (EACH • 53)	SPECIFICS UNKNOWN		
	H. Forward Impact	54 CONTROL/ TRACTION LOSS	56 CONTROL/ TRACTION LOSS	58 AVOID COLLISION WITH VEH.	60 AVOID COLLISION WITH OBJECT	(EACH • 62) (EACH • 63) SPECIFICS OTHER	SPECIFICS UNKNOWN
	I. Side-slip Angle	64 LATERAL MOVE	65 SPECIFICS OTHER	(EACH • 66) (EACH • 67)	SPECIFICS UNKNOWN		
	J. Turn Across Path	68 INITIAL OPPOSITE DIRECTIONS	70 INITIAL SAME DIRECTIONS	71 73 72		(EACH • 74) (EACH • 75) SPECIFICS OTHER	SPECIFICS UNKNOWN
IV. Change Trafficway Vehicle Turning	K. Turn Into Path	77 76 TURN INTO SAME DIRECTION	79 78 80 81 TURN INTO OPPOSITE DIRECTIONS	81 83 82		(EACH • 84) (EACH • 85) SPECIFICS OTHER	SPECIFICS UNKNOWN
	L. Straight Paths	87 86	88 89		(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
V. Intersecting Paths (Vehicle Damage)	M. Backing Etc.	92 BACKING VEH.	93 OTHER VEH. OR OBJECT		98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

29. Basis for Total Delta V (highest) 3*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

*Delta V Not Calculated*

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

**COMPUTER GENERATED DELTA V**

Highest

30. Total Delta V ϕ ϕ 54.59 Nearest kph (highest)

\_\_\_\_\_ Nearest kph (secondary)

(NOTE: 000 means less than

0.5 kph)

(160) 159.5 kph and above

(999) Unknown

31. Longitudinal Component of Delta V + ϕ ϕ 4-3.93 Nearest kph (highest)

\_\_\_\_\_ Nearest kph (secondary)

(NOTE: 000 means greater than  
-0.5 kph and less than +0.5 kph)

(± 160) ± 159.5 kph and above

(999) Unknown

Highest

32. Lateral Component of Delta V + ϕ ϕ 2-2.36 Nearest kph (highest)

\_\_\_\_\_ Nearest kph (secondary)

(NOTE: 000 means greater than  
-0.5 kph and less than +0.5 kph)  
(± 160) ± 159.5 kph and above  
(999) Unknown33. Energy Absorption ϕ ϕ 3.9 003885.1

Nearest 100 joules (highest)

\_\_\_\_\_ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)

(9997) 999,650 joules or more

(9999) Unknown

34. Confidence In Reconstruction Program Results (For Highest Delta V) 3

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection ϕ

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

36. Is this an AOPS Vehicle? 1

- (0) No
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE?  YES  NOIF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED?  YES  NO

37. Police Reported Other Drug Presence  
 (0) No other drug(s) present  
 (1) Yes [other drug(s) present]  
 (7) Not reported  
 (8) No driver present  
 (9) Unknown

38. Police Reported Drug Evaluation Classification  
 (DEC) Test For Driver  
 (0) No DEC process available or given  
 (1) DEC process given, results known  
 (2) DEC process given, results unknown  
 (3) DEC process available, unknown if given  
 (8) No driver present

39. Other Drug Specimen Test Type For Driver  
 (0) No specimen test given  
 (1) Blood test  
 (2) Urine test  
 (3) Other specimen tests (specify):  
 \_\_\_\_\_  
 (7) Unspecified specimen test  
 (8) No driver present  
 (9) Unknown if specimen test given

### DRUG EVALUATION CLASSIFICATION OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>Ø</u>	41. <u>Ø</u>
Depressant Drug	42. <u>Ø</u>	43. <u>Ø</u>
Stimulant Drug	44. <u>Ø</u>	45. <u>Ø</u>
Hallucinogen Drug	46. <u>Ø</u>	47. <u>Ø</u>
Cannabinoid Drug	48. <u>Ø</u>	49. <u>Ø</u>
Phencyclidine (PCP)	50. <u>Ø</u>	51. <u>Ø</u>
Inhalant Drug	52. <u>Ø</u>	53. <u>Ø</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>Ø</u>	55. <u>Ø</u>

#### Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

#### Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

## CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover

(01-30) — Vehicle Number

### Noncollision

- (31) Turn-over — fall-over
- (33) Jackknife

### Collision With Fixed Object

- (41) Tree ( $\leq$  10 cm in diameter)
- (42) Tree ( $>$  10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
  
- (45) Breakaway pole or post (any diameter)

### Nonbreakaway Pole or Post

- (50) Pole or post ( $\leq$  10 cm in diameter)
- (51) Pole or post ( $>$  10 cm but  $\leq$  30 cm in diameter)
- (52) Pole or post ( $>$  30 cm in diameter)
- (53) Pole or post (diameter unknown)
  
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)  
(specify): \_\_\_\_\_

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

### Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify):
  
- (89) Unknown nonfixed object
  
- (98) Other event (specify):
  
- (99) Unknown event or object

**OTHER DATA****56. Driver's Zip Code**

- (00000) Driver not present  
 (00001) Driver not a resident of U.S. or territories  
 \_\_\_\_\_  
 Code actual 5-digit zip code  
 (99999) Unknown

**57. Driver's Race/Ethnic Origin**

- (0) Driver not present  
 (1) White (non-Hispanic)  
 (2) Black (non-Hispanic)  
 (3) White (Hispanic)  
 (4) Black (Hispanic)  
 (5) American Indian, Eskimo or Aleut  
 (6) Asian or Pacific Islander  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

**58. Vehicle Special Use (This Trip)**

- (0) No special use  
 (1) Taxi  
 (2) Vehicle used as school bus  
 (3) Vehicle used as other bus  
 (4) Military  
 (5) Police  
 (6) Ambulance  
 (7) Fire truck or car  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

**ROLLOVER DATA**

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.  
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.  
 If GV24 = 9, then GV59-GV63 must equal 9.

**59. Rollover Initiation Type**

- (0) No rollover  
 (1) Trip-over  
 (2) Flip-over  
 (3) Turn-over  
 (4) Climb-over  
 (5) Fall-over  
 (6) Bounce-over  
 (7) Collision with another vehicle  
 (8) Other rollover initiation type specify:  
 \_\_\_\_\_  
 (9) Unknown rollover initiation type

**60. Location of Rollover Initiation**

- (0) No rollover  
 (1) On roadway  
 (2) On shoulder—paved  
 (3) On shoulder—unpaved  
 (4) On roadside or divided trafficway median  
 (9) Unknown

**61. Rollover Initiation Object Contacted***[Handwritten mark]***62. Location on Vehicle Where Initial Principal Tripping Force Is Applied**

- (0) No rollover  
 (1) Wheels/tires  
 (2) Side plane  
 (3) End plane  
 (4) Undercarriage  
 (5) Other location on vehicle (specify):  
 \_\_\_\_\_  
 (8) Non-contact rollover forces (specify):  
 \_\_\_\_\_  
 (9) Unknown

**63. Direction of Initial Roll**

- (0) No rollover  
 (1) Roll right - primarily about the longitudinal axis  
 (2) Roll left - primarily about the longitudinal axis  
 (5) End-over-end (i.e., primarily about the lateral axis)  
 (9) Unknown roll direction

**PRECRASH DATA****64. Pre-Event Movement (Prior to Recognition of Critical Event)***[Handwritten mark]*

- (01) Going straight  
 (02) Slowing or stopping in traffic lane  
 (03) Starting in traffic lane  
 (04) Stopped in traffic lane  
 (05) Passing or overtaking another vehicle  
 (06) Disabled or parked in travel lane  
 (07) Leaving a parking position  
 (08) Entering a parking position  
 (09) Turning right  
 (10) Turning left  
 (11) Making a U-turn  
 (12) Backing up (other than for parking position)  
 (13) Negotiating a curve  
 (14) Changing lanes  
 (15) Merging  
 (16) Successful avoidance maneuver to a previous critical event  
 (97) Other (specify):  
 \_\_\_\_\_  
 (98) No driver present  
 (99) Unknown

## PRECRASH DATA (Continued)

65. Critical Precrash Event 17*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): \_\_\_\_\_
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): \_\_\_\_\_
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): \_\_\_\_\_
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): \_\_\_\_\_
- (09) Unknown cause of control loss

*This Vehicle Traveling*

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

*Other Motor Vehicle In Lane*

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

*Other Motor Vehicle Encroaching Into Lane*

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

*Pedestrian or Pedalcyclist, or Other Nonmotorist*

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): \_\_\_\_\_
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): \_\_\_\_\_
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): \_\_\_\_\_

*Object or Animal*

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location

(98) Other critical precrash event (specify): \_\_\_\_\_

(99) Unknown

For Corrective Actions Attempted see variable GV14  
(Attempted Avoidance Maneuver)66. Precrash Stability After Avoidance Maneuver 1

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): \_\_\_\_\_
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 1

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

\*\*\* IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35=0), \*\*\*  
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

\*\*\* IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE \*\*\*  
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,  
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



## OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number \_\_\_\_\_
2. Case Number - Stratum DST-95-sp-24
3. Vehicle Number 02
4. Occupant Number 01

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 20  
Code actual age at time of accident.  
(00) Less than one year old (specify by month):  
  
(97) 97 years and older  
(99) Unknown
6. Occupant's Sex 1  
(1) Male  
(2) Female  
(9) Unknown
7. Occupant's Height 999  
Code actual height to the nearest centimeter.  
(999) Unknown  
  
\_\_\_\_ inches X 2.54 = \_\_\_\_ centimeters
8. Occupant's Weight 999  
Code actual weight to the nearest kilogram.  
(999) Unknown  
  
\_\_\_\_ pounds X .4536 = \_\_\_\_ kilograms
9. Occupant's Role 1  
(1) Driver  
(2) Passenger  
(9) Unknown

- | OCCUPANT'S SEATING  |           |
|---|-----------|
| 10. Occupant's Seat Position  | <u>11</u> |
| <i>Front Seat</i>   |           |
| (11) Left side  |           |
| (12) Middle   |           |
| (13) Right side   |           |
| (14) Other (specify):   |           |
| (15) On or in the lap of another occupant   |           |
| <i>Second Seat</i>  |           |
| (21) Left side  |           |
| (22) Middle   |           |
| (23) Right side   |           |
| (24) Other (specify):   |           |
| (25) On or in the lap of another occupant   |           |
| <i>Third Seat</i>   |           |
| (31) Left side  |           |
| (32) Middle   |           |
| (33) Right side   |           |
| (34) Other (specify):   |           |
| (35) On or in the lap of another occupant   |           |
| <i>Fourth Seat</i>  |           |
| (41) Left side  |           |
| (42) Middle   |           |
| (43) Right side   |           |
| (44) Other (specify):   |           |
| (45) On or in the lap of another occupant   |           |
| (97) In or on unenclosed area   |           |
| (98) Other seat (specify):  |           |
| (99) Unknown  |           |
| 11. Occupant's Posture  | <u>9</u>  |
| <i>Normal posture</i>   |           |
| (0) Normal posture  |           |
| <i>Abnormal posture</i>   |           |
| (1) Kneeling or standing on seat  |           |
| (2) Lying on or across seat   |           |
| (3) Kneeling, standing or sitting in front of seat  |           |
| (4) Sitting sideways or turned to talk with another occupant or to look out a rear window |           |
| (5) Sitting on a console  |           |
| (6) Lying back in a reclined seat position  |           |
| (7) Bracing with feet or hands on a surface in front of seat                              |           |
| (8) Other abnormal posture (specify):   |           |
| (9) Unknown   |           |

## EJECTION/ENTRAPMENT

## 12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

## 13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

## 14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):  
\_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify):  
\_\_\_\_\_
- (9) Unknown

## 15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

## 16. Entrapment

- (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
- (0) Not entrapped
  - (1) Entrapped
  - (9) Unknown

## RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability  
 (0) None available  
 (1) Belt removed/destroyed  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)  
 (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

18. Manual (Active) Belt System Use  
 (00) None used, not available, or belt removed/destroyed  
 (01) Inoperative (specify):

(02) Shoulder belt \_\_\_\_\_

(03) Lap belt \_\_\_\_\_

(04) Lap and shoulder belt \_\_\_\_\_

(05) Belt used—type unknown \_\_\_\_\_

(08) Other belt used (specify): \_\_\_\_\_

(12) Shoulder belt used with child safety seat \_\_\_\_\_

(13) Lap belt used with child safety seat \_\_\_\_\_

(14) Lap and shoulder belt used with child safety seat \_\_\_\_\_

(15) Belt used with child safety seat—type unknown \_\_\_\_\_

(18) Other belt used with child safety seat (specify): \_\_\_\_\_

(99) Unknown if belt used \_\_\_\_\_

19. Proper Use of Manual (Active) Belts

- (0) None used or not available  
 (1) Belt used properly  
 (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm  
 (4) Shoulder belt worn behind back or seat  
 (5) Belt worn around more than one person  
 (6) Lap belt worn on abdomen  
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):  
 (8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used  
 (1) No manual belt failure(s)  
 (2) Torn webbing (stretched webbing not included)  
 (3) Broken buckle or latchplate  
 (4) Upper anchorage separated  
 (5) Other anchorage separated (specify):  
 (6) Broken retractor  
 (7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

9

21. Air Bag System Availability/Function  
 (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled \_\_\_\_\_

(9) Unknown \_\_\_\_\_

*PER DRIVER*

V1

+

22. Air Bag System Deployment

- (0) Not equipped/not available  
 (1) Air bag deployed during accident (as a result of impact)  
 (2) Air bag deployed inadvertently just prior to accident  
 (3) Air bag deployed, accident sequence undetermined  
 (4) Nondeployed  
 (5) Unknown if deployed  
 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (9) Unknown

23. Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify): \_\_\_\_\_  
 (9) Unknown \_\_\_\_\_

9

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used  
 (1) Police did not indicate restraint use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Other or automatic restraint (specify):  
 (8) Restrained, type unknown  
 (9) Police indicated "unknown"

*AIRBAG*

7

## HEAD RESTRAINT AND SEAT EVALUATION

## 25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints  
(1) Integral—no damage  
(2) Integral—damaged during accident  
(3) Adjustable—no damage  
(4) Adjustable—damaged during accident  
(5) Add-on—no damage  
(6) Add-on—damaged during accident  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

9

## 26. Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat  
(01) Bucket  
(02) Bucket with folding back  
(03) Bench  
(04) Bench with separate back cushions  
(05) Bench with folding back(s)  
(06) Split bench with separate back cushions  
(07) Split bench with folding back(s)  
(08) Pedestal (i.e., column supported)  
(09) Other seat type (specify): \_\_\_\_\_  
(10) Box mounted seat (i.e., van type)  
(99) Unknown

9 9

## 27. Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat  
(1) No seat performance failure(s)  
(2) Seat adjusters failed  
(3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_  
(4) Seat track/anchors failed  
(5) Deformed by impact of occupant  
(6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_

9

(7) Combination of above (specify): \_\_\_\_\_

(8) Other (specify): \_\_\_\_\_

(9) Unknown

## CHILD SAFETY SEAT

## 28. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS  
 Data Collection, Coding and Editing  
 (950) Built-in child safety seat  
 (997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

## 29. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

## 30. Child Safety Seat Orientation

(00) No child safety seat

 *Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

## 31. Child Safety Seat Harness Usage

## 32. Child Safety Seat Shield Usage

## 33. Child Safety Seat Tether Usage

 Note: Options below applicable to  
Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES****34. Injury Severity (Police Rating)**

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

**35. Treatment - Mortality**

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):  
\_\_\_\_\_

- (9) Unknown

**36. Type Of Medical Facility (for Initial Treatment)**

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

**37. Hospital Stay**

- (00) Not Hospitalized

\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

**38. Working Days Lost**

\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

99**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER****39. Time to Death**

\_\_\_\_ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

dd**40. 1st Medically Reported Cause of Death**dd**41. 2nd Medically Reported Cause of Death**dd**42. 3rd Medically Reported Cause of Death**dd

\_\_\_\_ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):  
\_\_\_\_\_

- (97) Other result (includes fatal ruled disease) (specify):  
\_\_\_\_\_

- (99) Unknown

**43. Number of Recorded Injuries for This Occupant**dd

\_\_\_\_ Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

**AUTOMATIC BELT SYSTEM****44. Automatic (Passive) Belt System Availability/ Function**

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

**45. Automatic (Passive) Belt System Use**

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

(3) Automatic belt use unknown

(9) Unknown

**46. Automatic (Passive) Belt System Type**

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

**47. Proper Use of Automatic (Passive) Belt System**

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
  - (4) Automatic shoulder belt worn behind back
  - (5) Automatic belt worn around more than one person
  - (6) Lap portion of automatic belt worn on abdomen
  - (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of automatic belt system (specify): \_\_\_\_\_
- (9) Unknown

**48. Automatic (Passive) Belt Failure Modes During Accident**

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

**49. Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

(9) Unknown

**Check the Primary Source Used In Determining Belt Use.**

- Not equipped/not available/destroyed or rendered inoperative
- Vehicle inspection
- Official injury data
- Driver/occupant interview
- Other (specify):

[ ] Unknown if belt used

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?**

NO  YES [ ]

BEST AVAILABLE

**UPDATE CANDIDATE?**

NO  YES [ ]

**STOP - VARIABLES 50 THROUGH 53 ARE  
COMPLETED BY THE ZONE CENTER**

**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) *PP*
- (00) Not injured
  - (01) Injured - not treated at medical facility
  - (02) No GCS Score at medical facility
  - (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
  - (97) Injured, details unknown
  - (99) Unknown if injured

51. Was the Occupant Given Blood? *1*
- (1) No - blood not given
  - (2) Yes - blood given  
(specify units): \_\_\_\_\_
  - (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO<sub>3</sub> *PP*
- (00) Not injured
  - (01) Injured, ABGs not measured or reported
  - (02-50) Code the actual value of the HCO<sub>3</sub>
  - (96) ABGs reported, HCO<sub>3</sub> unknown
  - (97) Injured, details unknown
  - (99) Unknown if injured

**BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination *3*
- (0) Not equipped/not available/destroyed or rendered inoperative
  - (1) Vehicle inspection
  - (2) Official injury data
  - (3) Driver/occupant interview
  - (8) Other (specify): \_\_\_\_\_
  - (9) Unknown if belt used

## OLDMISS PROGRAM SUMMARY

(All Measurements in Metric)

BEST AVAILABLE

Identifying Title			
Primary Sampling Unit	Case No.-Stratum	Accident Event Sequence No.	Date (Month, day, year) of Run
<u>DSI-95-SP-24</u> <u>1 9 4</u>			
OLDMISS Vehicle Identification			
Vehicle 1	<u>1987</u>	<u>PLYMOUTH</u>	<u>VORAGER (SE)</u>
Vehicle 2	<u>1995</u>	<u>SATURN</u>	<u>SL</u>
	Year	Make	Model
			NASS Veh. No.
GENERAL INFORMATION			
VEHICLE 1		VEHICLE 2	
Size	<u>4</u>	Size	<u>3</u>
Weight		Weight	
<u>2972</u> Curb	<u>+ 180</u> Occupant(s)	<u>+ 159</u> Cargo	<u>= 3658</u> <u>LB</u>
<u>2324</u> Curb	<u>+ 159</u> Occupant(s)	<u>+ 159</u> Cargo	<u>= 3817</u> <u>LB</u>
Damaged Area of Vehicle (F = Front, L = Left, R = Right, B = Back)		Damaged Area of Vehicle (F = Front, L = Left, R = Right, B = Back)	
<u>L</u> Vehicle 1		<u>F</u> Vehicle 2	
Vehicle Heading Angles At Impact, in Degrees		Vehicle Heading Angles At Impact, in Degrees	
<u>+ 27</u> <u>0</u> Vehicle 1		<u>+ 33</u> <u>9</u> Vehicle 2	
Stiffness Category for Vehicle		Stiffness Category for Vehicle	
<u>7</u> Vehicle 1		<u>3</u> Vehicle 2	
DAMAGE INFORMATION			
For Which Vehicle Is The Damage Known	<u>1</u>	Crush Measurements Known Vehicle	C <sub>1</sub> <u>0</u> <u>0</u> <u>4</u> IN C <sub>2</sub> <u>0</u> <u>0</u> <u>0</u> IN C <sub>3</sub> _____ C <sub>4</sub> _____ C <sub>5</sub> _____ C <sub>6</sub> _____
PDOF for Known Vehicle in Degrees (-180 to +180)	<u>± 080</u> <u>0</u>	Damage Midpoint Offset for Known Vehicle	D <u>± 073</u> IN
Damage Length (L) for Known Vehicle	<u>026</u> IN	Estimated Damage Midpoint Offset for Unknown Vehicle	D <u>± 017</u> IN

SUMMARY OF OLDMISPC RESULTS

DSI-95-SP-24

SPEED CHANGE (DAMAGE)

	RESULTANT MPH (KPH)	LONGITUDINAL MPH (KPH)	LATERAL MPH (KPH)	PDOF DEG
VEH #1 (KNOWN)	2.97 ( 4.79)	- .52 ( - .83)	2.93 ( 4.71)	280.00
VEH #2 (ESTIMATED)	2.85 ( 4.59)	- 2.44 ( - 3.93)	-1.47 ( - 2.36)	31.00

	ENERGY FT-LBS (NT-M)	FORCE LBS (NT)
VEH #1 (KNOWN)	1392.4 ( 1887.6)	6436.5 ( 28629.8)
VEH #2 (ESTIMATED)	2865.8 ( 3885.1)	10204.0 ( 45387.2)

SUMMARY OF DAMAGE DATA

VEHICLE #1 (KNOWN DAMAGE DIMENSION)		VEHICLE #2 (ESTIMATED DAMAGE DIMENSION)	
	IN (CM)		IN (CM)
L-----	26.0    66.0	L-----	27.1    68.8
C1-----	4.0    10.2	C1-----	.1    .3
C2-----	.0    .0	C2-----	.1    .3
D-----	-73.0    -185.4	D-----	-17.0    -43.2

VEHICLE INFORMATION

VEHICLE #1 (SIDE DAMAGE KNOWN)		VEHICLE #2 (FRONT DAMAGE UNKNOWN)	
SIZE-----	4	SIZE-----	3
STIFFNESS-	4	STIFFNESS-	3
SIDE-----	L	SIDE-----	F
HANGL-----	270.0 DEG	HANGL-----	339.0 DEG
WEIGHT----	3658.0 LBS (1659.0 KG)	WEIGHT----	3817.0 LBS (1731.1 KG)
MASS-----	9.467 LB-SEC**2/IN ( 106.96 NT-SEC**2/CM)	MASS-----	9.878 LB-SEC**2/IN ( 111.61 NT-SEC**2/CM)
RADIUS		RADIUS	
GYRATION--	3741.0 IN**2 ( 24135.4 CM**2)	GYRATION--	3324.0 IN**2 ( 21445.1 CM**2)

## TRAFFIC CRASH REPORT

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES  
TRAFFIC CRASH RECORDS

DO NOT WRITE IN THIS AREA

FILE COPY

BEST AVAILABLE

<b>Time &amp; Location</b>	DATE OF CRASH	TIME OF CRASH	AM <input checked="" type="checkbox"/> PM	TIME OFFICER NOTIFIED	AM <input checked="" type="checkbox"/> PM	TIME OFFICER ARRIVED	AM <input checked="" type="checkbox"/> PM	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER			
	COUNTY / CITY CODE	POST OF	Mass	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	CITY OR TOWN	(Check if in City or Town)		COUNTY				
AT NODE NO.	FEET / MILES	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	2	1 DIVIDED 2 UNDIVIDED	ON STREET, ROAD OR HIGHWAY					
AT INTERSECTION OF	FEET / MILES	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	OF INTERSECTION OF									
DRIVER ACTION 3 N/A	YEAR 3 94	MAKE SATURN	TYPE 01	USE 01	VEH. LICENSE NUMBER 95 SL 4D2	STATE						
TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE									
VEHICLE TRAVELING N S E W	ON	A1	EST. MPH 40	Posted Speed 40	EST. VEHICLE DAMAGE \$ 3500.00	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE 1	POINT OF IMPACT CIRCLE AREA OF DAMAGE				
INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER				VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request					
OWNER'S FULL NAME (Check if Driver)	CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE					
OWNER'S FULL NAME (Trailer or Towed Vehicle)	CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE					
DRIVER (Exactly as on Driver License) / Pedestrian	CURRENT ADDRESS (Number and Street)				CITY & STATE / ZIP CODE		DATE OF BIRTH					
DRIVER LICENSE NUMBER	STATE 93	DL TYPE END	BAC TEST 3 Urine 1 Blood 2 Breath 5 None	RESULTS 5 %	AL/DRUG 1	PHYS. DEF. 1	RES 1	RACE 1	SEX 1	INJ. 1	S. EQUIP. 314	EJECT. 1
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No	PLACARDED	1 Yes 2 No	RECOMMEND RE-EXAM	1 Yes 2 No	If YES, Explain in Narrative		DRIVER'S PHONE NO.					
PASSENGER'S NAME (Additional on Continuation Page)	CURRENT ADDRESS				CITY & STATE/ZIP		AGE	LOC.	INJ.	S. EQUIP.	EJECT.	
DRIVER ACTION 3 N/A	YEAR 3 87	MAKE PLYM	TYPE 01	USE 01	VEH. LICENSE NUMBER ZP4FH4135HR	STATE				POINT OF IMPACT CIRCLE AREA OF DAMAGE		
TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE							14 15 16 17 18 19 20 21 22		
VEHICLE TRAVELING N S E W	ON	A1	EST. MPH 20	Posted Speed 40	EST. VEHICLE DAMAGE \$ 500.00	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE 1	POINT OF IMPACT CIRCLE AREA OF DAMAGE				
INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER				VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request					
OWNER'S FULL NAME (Check if Driver)	CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE					
OWNER'S FULL NAME (Trailer or Towed Vehicle)	CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE					
DRIVER (Exactly as on Driver License) / Pedestrian	CURRENT ADDRESS (Number and Street)				CITY & STATE / ZIP CODE		DATE OF BIRTH					
DRIVER LICENSE NUMBER	STATE 013	DL TYPE END	BAC TEST 3 Urine 1 Blood 2 Breath 5 None	RESULTS 5 %	AL/DRUG 1	PHYS. DEF. 1	RES 1	RACE 3	SEX 1	INJ. 1	S. EQUIP. 12	EJECT. 1
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No	PLACARDED	1 Yes 2 No	RECOMMEND RE-EXAM	1 Yes 2 No	If YES, Explain in Narrative		DRIVER'S PHONE NO.					
PASSENGER'S NAME (Additional on Continuation Page)	CURRENT ADDRESS				CITY & STATE/ZIP		AGE	LOC.	INJ.	S. EQUIP.	EJECT.	
<b>Vehicle Information</b>	<b>VEHICLE TYPE</b>	<b>VEHICLE USE</b>	<b>TRAILER TYPE</b>	<b>RESIDENCE (Driver Only)</b>		<b>PHYSICAL DEFECTS</b>	<b>ALCOHOL / DRUG USE</b>	<b>LOCATION</b>				
01 Automobile 02 Passenger Van 03 Pickup/Light Truck (2 axles) 04 Medium Truck (4 rear tires) 05 Heavy Truck (2 or more rear axles) 06 Truck Tractor (Cab) 07 Motor Home (RV) 08 Bus 09 Bicycle 10 Motorcycle 11 Moped 12 All Terrain Vehicle 13 Train 14 Other	01 Private Transportation 02 Commercial Passenger 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire/Rescue 10 Military 11 Other Government 12 Other	01 Single Semi-Trailer 02 Tandem Semi-Trailer(s) 03 Tank Trailer 04 Saddle Mount / Flatted 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 10 Other	1 County of Crash 2 Elsewhere in State 3 Non-Resident of State 4 Foreign 5 Unknown	DL TYPE RACE	1 A 2 B 3 C 4 D / Chauffeur 5 E / Operator 6 E / Oper-Rest 7 None	1 White 2 Black 3 Hispanic 4 Other	1 No Defects Known 2 Eyeight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect	1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending BAC Test Result	1 In Vehicle 1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body/In Back 8 Bus Passenger 9 Other			
REQUIRED ENDORSEMENTS		SEX	INJURY SEVERITY		SAFETY EQUIPMENT IN USE							
1 Yes 2 No 3 NR		1 Male 2 Female	1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 90 Days) 6 Non-Traffic Fatality		1 Not In Use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag 5 Safety Hammer 6 Eye Protection		1 No 2 Yes 3 Partial					

DRIVER INFORMATION		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		POINT OF IMPACT					
TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE						1 2 3 4 5 6					
VEHICLE TRAVELING N E S W		ON	A1	EST. MPH	Posted Speed	EST. VEHICLE DAMAGE	1 Dent/Dings 2 Fender/Bumper 3 Hail Damage	EST. TRAILER DAMAGE	1 Circle 2 Area of Damage 3 Undercarriage 4 Overtire 5 Windshield 6 Fire 7 Glass 8 Other						
INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER				VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request		3 Driver 4 Other					
OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE							
OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE							
DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)				CITY & STATE / ZIP CODE		DATE OF BIRTH							
DRIVER LICENSE NUMBER		STATE	TYPE	REQ. END.	BAC TEST	3 Urine	RESULTS	AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED		1 Yes	2 No	PLACARDED	1 Yes	2 No	RECOMMEND RE-EXAM	1 Yes	2 No	If YES, Explain in Narrative	DRIVER'S PHONE NO. ( )				
PASSENGER'S NAME (Additional on Continuation Page)		CURRENT ADDRESS				CITY & STATE/ZIP		AGE		LOC.	INJ.	S. EQUIP.	EJECT.		
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE	ZIP				
NONE		\$													
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE	ZIP				
2		\$													
CONTRIBUTING CAUSES - DRIVER / PED.		VEHICLE DEFECT			VEHICLE MOVEMENT			VEHICLE SPECIAL FUNCTIONS							
1 No Improper Driving / Action 2 Careless Driving 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Lane Change 6 Improper Turn 7 Alcohol-Under Influence 8 Drugs-Under Influence 9 Alcohol & Drugs-Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip. / Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Constructing Traffic		1	2	3	1	2	3	1	2	3	1 Alone 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance				
19 Improper Load 20 Disengaged Other Traffic Control 21 Driving Wrong Side / Way 22 Fleeting Police 23 Vehicle Modified 24 Turn Lane / Safety Zone		01	13		01	01		01	01		1 2 3				
25 Collision With Animal 26 MV Hit Sign/Sign Post 27 MV Hit Utility Pole/Light Pole 28 MV Hit Guardrail 29 MV Hit Fence 30 MV Hit Concrete Barrier Wall 31 MV Hit Bridge/Pier/Abutment/Rail 32 MV Hit Tree/Shrubbery 33 Collision With Construction Barriers/Sign 34 Collision With Traffic Gate 35 Collision With Crash Attenuators 36 Collision With Fixed Object Above Road 37 MV Hit Other Fixed Object 38 Collision With Moveable Object On Road		77 All Other (Explain)	77 All Other (Explain)			01 Straight Ahead 02 Slowing / Stopped / Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering/Leaving Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn			11 Passing 12 Drivenness or Runaway Veh. 77 All Other (Explain)						
39 Collision With Other Vehicle 40 Collision With Pedestrian 41 Collision With Bicycle 42 Collision With Bicycle (Bike Lane) 43 Collision With Moped 44 Collision With Train		LOCATION ON ROADWAY			PEDESTRIAN ACTION			LOCATION TYPE							
45 Collision With MV in Transport (Rear-end) 46 Collision With MV in Transport (Head-on) 47 Collision With MV in Transport (Angle) 48 Collision With MV in Transport (Left Turn) 49 Collision With MV in Transport (Right Turn) 50 Collision With MV in Transport (SideSwipe) 51 Collision With MV in Transport (Backed Into)		1 On Road	2 Not On Road	3 Shoulder	1	2	3	01 Crossing Not at Intersection 02 Crossing at Mid-block Crosswalk 03 Crossing at Intersection 04 Walking Along Road With Traffic 05 Walking Along Road Against Traffic 06 Walking on Vehicle in Road	07 Other Walking in Road 08 Standing/Playing in Road 09 Standing in Pedestrian Island 77 All Other (Explain)	1 Primary Business 2 Primary Residential 3 Open Country					
52 Collision With MV in Other Roadway 53 Collision With Parked Car 54 Collision With MV on Other Roadway 55 Collision With Pedestrian 56 Collision With Bicycle 57 Collision With Bicycle (Bike Lane) 58 Collision With Moped 59 Collision With Train		4 Median	5 Turn Lane / Safety Zone						01						
60 Collision With Animal 61 Collision With Sign/Sign Post 62 Collision With Utility Pole/Light Pole 63 Collision With Guardrail 64 Collision With Fence 65 Collision With Concrete Barrier Wall 66 Collision With Bridge/Pier/Abutment/Rail 67 Collision With Tree/Shrubbery 68 Collision With Construction Barriers/Sign 69 Collision With Traffic Gate 70 Collision With Crash Attenuators 71 Collision With Fixed Object Above Road 72 MV Hit Other Fixed Object 73 Collision With Moveable Object On Road		77 All Other (Explain)	F S			03 32	01 Intercity 02 U.S. 03 State 04 County 05 Local 06 Turnpike / Toll	07 Forest Road 77 All Other	01 Daylight 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 06 Unknown						
74 Collision With Other Vehicle 75 Collision With Pedestrian 76 Collision With Bicycle 77 Collision With Bicycle (Bike Lane) 78 Collision With Moped 79 Collision With Train		ROAD SYSTEM IDENTIFIER			WEATHER			ROAD SURFACE TYPE							
80 Collision With Animal 81 Collision With Sign/Sign Post 82 Collision With Utility Pole/Light Pole 83 Collision With Guardrail 84 Collision With Fence 85 Collision With Concrete Barrier Wall 86 Collision With Bridge/Pier/Abutment/Rail 87 Collision With Tree/Shrubbery 88 Collision With Construction Barriers/Sign 89 Collision With Traffic Gate 90 Collision With Crash Attenuators 91 Collision With Fixed Object Above Road 92 MV Hit Other Fixed Object 93 Collision With Moveable Object On Road		01 Dry 02 Wet 03 Slippery 04 Icy 77 All Other (Explain)	01 Clear 02 Cloudy 03 Rain 04 Fog 77 All Other (Explain)	01 Slag / Gravel / Stone 02 Asphalt 03 Brick / Block 04 Concrete 05 Dirt 77 All Other (Explain)											
94 Collision With Other Vehicle 95 Collision With Pedestrian 96 Collision With Bicycle 97 Collision With Bicycle (Bike Lane) 98 Collision With Moped 99 Collision With Train		ROAD SURFACE / CONDITION			WEATHER			ROAD SURFACE TYPE							
100 Contributing Causes - ROAD		CONTRIBUTING CAUSES - ENVIRONMENT		TRAFFIC CONTROL		SITE LOCATION		TRAFFICWAY CHARACTER							
01 Defects 02 Action With / Without Warning 03 Under Repair / Construction 04 Surface ! 05 Shoulders - Slope / High 06 Holes / Potholes / Cracks / Torn Edge 07 Debris / Water 08 / Polluted Road Surface 09 Other (Explain)		01 Vision Not Obscured 02 Inclement Weather 03 Parked / Stopped Vehicle 04 Trees / Crops / Bushes 05 Load on Vehicle 06 Building / Fixed Object 07 Signs / Billboards 08 Fog 09 Smoke 10 Glare	01 No Control 02 Special Speed Zone 03 Traffic Signal 04 Stop Sign 05 Yield Sign 06 Flashing Light 07 Railroad Signal 08 Officer / Guard / Flagman 09 Posted No U-Turn 10 School Zone	01 Not At Intersection / RR X-ing / Bridge 02 At Intersection 03 Influenced By Intersection 04 Driveway Access 05 Railroad Crossing 06 Bridge 07 Entrance Ramp 08 Exit Ramp 09 Parking Lot - Public 10 Parking Lot - Private	01 Not At Intersection / RR X-ing / Bridge 02 At Intersection 03 Influenced By Intersection 04 Driveway Access 05 Railroad Crossing 06 Bridge 07 Entrance Ramp 08 Exit Ramp 09 Parking Lot - Public 10 Parking Lot - Private	01 11 Private Property 77 All Other (Explain)	01 Straight-Level 2 Straight-Upgrade / Downgrade 3 Curve-Level 4 Curve-Upgrade / Downgrade								
VIOLATOR FL STATUTE NUMBER		NAME		CHARGE		CITATION #		TYPE SHOULDER							
1								1 Paved 2 Unpaved	3 Curb						
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## TRAFFIC CRASH REPORT

NARRATIVE AND DIAGRAM  
MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES  
TRAFFIC CRASH RECORDS.

Check Only If Unknown

FEE COPY

BEST AVAILABLE

ONE DPPY. PATIENTS ONLY	TIME EMS NOTIFIED	TIME EMS ARRIVED	COUNTY/CITY CODE	DATE OF CRASH	INVEST. AGENCY REPORT NUMBER	HSAMV CRASH REPORT NUMBER
	AM PM	AM PM				

UNIT #1 TRAVELLING NORTH ON IN THE NORTH-  
BOUND LANE AT APPROX. 40 MPH, OBSERVED DANGER AND STRUCK  
UNIT #2 WITH FRONT. UNIT #1 WAS DISPLACED APPROX 17 FT.  
IN A NORTHWEST DIRECTION, TURNING COUNTER CLOCK WISE,  
COMING TO REST AT POINTS LISTED IN DIAGRAM.

UNIT #2 TRAVELLING WEST ON IN THE  
WEST BOUND LANE, FAILED TO STOP FOR THE STOP SIGN AND  
WAS STRUCK BY UNIT #1 ON THE SIDE. UNIT #2 WAS DISPLACED  
APPROX. 18 FT. IN A NORTHWEST DIRECTION SPINNING COUNTER  
CLOCK WISE COMING TO REST AT POINTS LISTED IN DIAGRAM.

DURING THE CRASH THE BACK HATCH FLEW OPEN AND PASS #4  
AND #5 WERE EJECTED OUT THE BACK HATCH COMING TO REST  
AT POINTS IN DIAGRAM.

## FIRST AID GIVEN BY - NAME:

- 1 Physician or Nurse  3 Police Officer  
 2 Paramedic  4 Certified 1st Aider  
 Or EMT  5 Other

## INJURED TAKEN TO:

## BY - NAME:

AS INVESTIGATION MADE AT SCENE?  
 1 Yes  
 2 No-Where?

IS INVESTIGATION COMPLETE?  
 1 Yes  
 2 No-Why?

## DATE OF REPORT

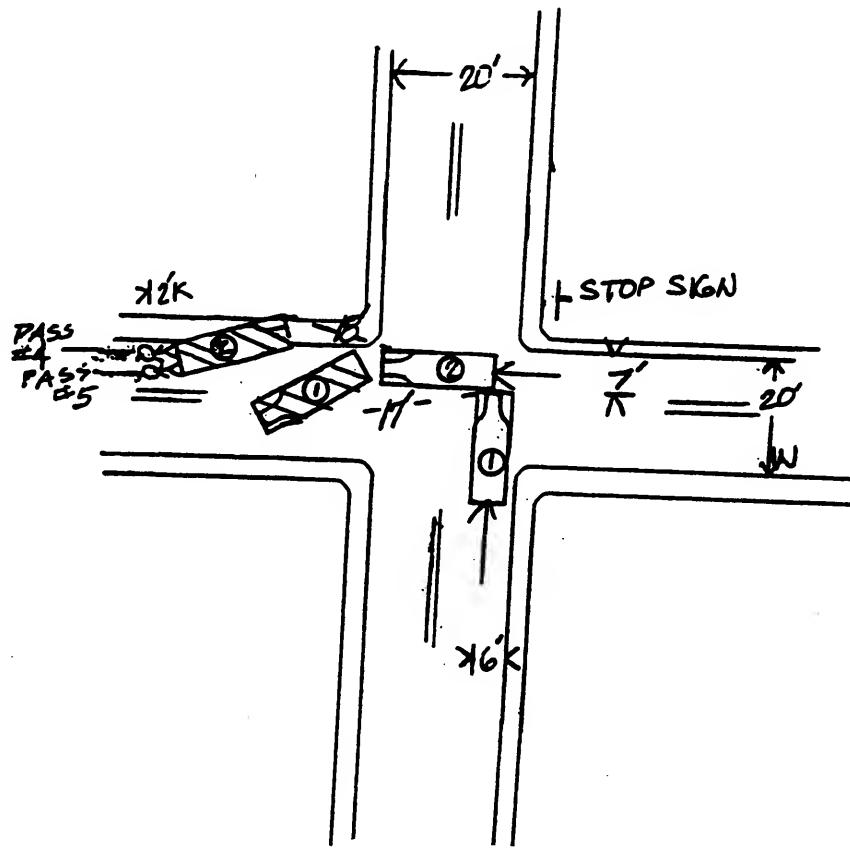
PHOTOS TAKEN?  3 Investigating Agency  
 1 Yes  2 No  4 Other

INVESTIGATOR - RANK AND SIGNATURE

ID/BADGE NUMBER | DEPARTMENT

1  FHP 3  CPD  
 2  SO 4  OTHER

## DIAGRAM

INDICATE NORTH  
WITH ARROW

NOT TO SCALE

**DO NOT WRITE IN THIS SPACE**  
**FILE COPY**

BEST AVAILABLE

COUNTY/CITY CODE | DATE OF CRASH | INVEST. AGENCY REPORT NUMBER | KSMV CRASH REPORT NUMBER

DRIVER 1 Phantom ACTION 2 Hit & Run 3 N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	 POINT OF IMPACT CIRCLE AREA OF DAMAGE 18 Underride 19 Overrun 20 Windshield 21 Fire 22 Trailer					
TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE										
VEHICLE TRAVELING N S E W		ON	A1	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE						
INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER				VEHICLE REMOVED BY:								
OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)				CITY AND STATE ZIP CODE								
OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)				CITY AND STATE ZIP CODE								
DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)				CITY & STATE / ZIP CODE				DATE OF BIRTH				
DRIVER LICENSE NUMBER		STATE	DL. TYPE	REQ. END.	BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None	RESULTS	AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No		PLACARDED	1 Yes	2 No	RECOMMEND RE-EXAM	1 Yes	2 No	If YES, Explain in Narrative		DRIVER'S PHONE NO.				
PASSENGER'S NAME (Additional on Continuation Page)		CURRENT ADDRESS				CITY & STATE/ZIP				AGE	LOC.	INJ.	S. EQUIP.	EJECT.
DRIVER 1 Phantom ACTION 2 Hit & Run 3 N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	 POINT OF IMPACT CIRCLE AREA OF DAMAGE 18 Underride 19 Overrun 20 Windshield 21 Fire 22 Trailer					
TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE										
VEHICLE TRAVELING N S E W		ON	A1	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE						
INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER				VEHICLE REMOVED BY:								
OWNER'S FULL NAME (Check if Driver)		CURRENT ADDRESS (Number and Street)				CITY AND STATE ZIP CODE								
OWNER'S FULL NAME (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)				CITY AND STATE ZIP CODE								
DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)				CITY & STATE / ZIP CODE				DATE OF BIRTH				
DRIVER LICENSE NUMBER		STATE	DL. TYPE	REQ. END.	BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None	RESULTS	AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No		PLACARDED	1 Yes	2 No	RECOMMEND RE-EXAM	1 Yes	2 No	If YES, Explain in Narrative		DRIVER'S PHONE NO.				
PASSENGER'S NAME (Additional on Continuation Page)		CURRENT ADDRESS				CITY & STATE/ZIP				AGE	LOC.	INJ.	S. EQUIP.	EJECT.
INVESTIGATOR - RANK AND SIGNATURE					ID/BADGE NUMBER		DEPARTMENT							
							<input type="checkbox"/> FHP <input type="checkbox"/> SO <input checked="" type="checkbox"/> CPD <input type="checkbox"/> OTHER							

PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
1		\$					
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
2		\$					
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
3		\$					
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
4		\$					

CONTRIBUTING CAUSES - DRIVER/PED.		VEHICLE DEFECT	VEHICLE MOVEMENT	VEHICLE SPECIAL FUNCTIONS
01 No Impaired Driving / Action		01 No Defects	01 Straight Ahead	1 None
02 Careless Driving		02 Del. Brakes	02 Stowing / Stopped / Stalled	2 Farm
03 Failed to Yield Right-of-Way		03 Worn / Slack Tires	03 Making Left Turn	3 Police Pursuit
04 Improper Backing		04 Defective / Improper Lights	04 Backing	4 Recreational
05 Improper Lane Change		05 Puncture / Blowout	05 Making Right Turn	5 Emergency Operation
06 Improper Turn		06 Steering Mech.	06 Changing Lanes	6 Construction / Maintenance
07 Alcohol-Under Influence		07 Windshield Wipers	07 Entering/Leaving Parking Space	
08 Drugs-Under Influence		08 Equipment/Vehicle Defect	08 Properly Parked	
09 Alcohol & Drugs-Under Influence			09 Improperly Parked	
10 Followed Too Closely			10 Making U-Turn	
11 Derailed Traffic Signal			77 All Other (Explain in Narrative)	
12 Exceeded Safe Speed Limit				
13 Derailed Stop Sign				
14 Failed to Maintain Equip. / Vehicle				
15 Improper Peeling				
16 Drove Left of Center				
17 Exceeded Stated Speed Limit				
18 Obstructing Traffic				
19 Improper Load				
20 Derailed Other Traffic Control				
21 Driving Wrong Side / Way				
22 Fleeing Police				
23 Vehicle Modified				
24 Occupying Lane				
77 All Other (Explain)				
LOCATION ON ROADWAY		PEDESTRIAN ACTION		
1 On Road		01 Crossing Not at Intersection	07 Other Working in Road	
2 Not On Road		02 Crossing at Mid-block Crosswalk	08 Standing/Playing in Road	
3 Shoulder		03 Crossing at Intersection	09 Standing in Pedestrian Island	
4 Median		04 Walking Along Road With Traffic		
5 Turn Lane / Safety Zone		05 Walking Along Road Against Traffic		
		06 Working on Vehicle in Road		
		77 All Other (Explain)		
		88 Unknown		

## REGISTRATION MEDICAL RECORD

REGISTRATION DATE/TIME DISCHARGE

DATE/TIME ADM. BY BIRTHDATE AGE SEX/RACI FC ARRIVAL MODE HOSPITAL ACCOUNT NO.

NAME AND ADDRESS

NEAREST RELATIVE

## FOLLOW INSTRUCTIONS BELOW THAT ARE MARKED:

 SUTURE AND WOUND CARE

- Keep the dressing clean and dry. After 24 hours the dressing can be removed and suture line cleansed with peroxide (as bought in a drug store) and Q-tips. Do not apply antibiotic ointment to stitches.
- Elevate the wound to relieve soreness and help speed wound healing.
- Despite the greatest of care, any wound can become infected. If your wound becomes red, swollen, shows pus or red streaks or feels more sore as days go by, see your doctor immediately.
- Call your doctor for an appointment for removal of sutures.

 HEAD INJURY INSTRUCTIONS

- Avoid strenuous activities at least the next 24 hours.
- Ice bag to head.
- Light diet next 24 hours.
- Arouse patient every 1-2 hours; for the next 24 hours.
- Report to your doctor immediately if anything listed occurs (even within several months):
  - Unable to arouse patient
  - Persistent vomiting, stiff neck, fever or headache
  - Unequal pupils (one large, one small pupil)
  - Confusion or unusual drowsiness
  - Stumbling or other problem with normal use of arms or legs; or areas of skin numbness
  - Visual difficulties
  - Bleeding or drainage from ears or nose

 SICK CHILDREN

## GENERAL INFORMATION

A specific cause for fever, vomiting or diarrhea frequently cannot be found. The illness may last a day or two. These symptoms may also be side effects of an ear infection or other seemingly unrelated condition.

## FEVER

Acetaminophen (Tylenol) on a 4-hour basis will usually control fever. The following are recommended dosages:

TYLENOL							
Age Group	0-3 mos	4-11 mos	12-23 mos	2-3 yrs	4-5 yrs	6-8 yrs	9-10 yrs
Weight (lbs.)	6-11	12-17	18-23	24-35	36-47	48-59	60-71
Dose of Tylenol in milligrams	40	60	120	160	240	320	400
2 DROPS (50 mg/0.6 ml) dropperful	1/2	1	1 1/2	2	3	4	5
ELDERLY (150 mg/5 ml) teaspoonful	—	1/2	3/4	1	1 1/2	2	2 1/2
CHEWABLE TABLETS (50 mg each)	—	—	1 1/2	2	3	4	5
These should be administered 4 or 5 times daily - but not to exceed 5 doses in 24 hours.							
NOTE: Since TYLENOL pediatric products are available without a prescription, parents are warned on the package label to contact a physician if used by children under two or for use longer than one day and to contact a physician immediately in case of accidental overdoses.							

Give Tylenol every 4 hours any time the fever is over 101° rectally. If the fever is above 104°, the child should be sponge with water that is slightly cold to touch. Alcohol sponging should be avoided.

## VOMITING AND DIARRHEA

Most cases of vomiting and diarrhea respond to elimination of milk and solids from the diet and limiting intake to clear liquids - Gatorade, Jello water, flat Coke, etc. for up to 24 hours. Give small amounts of liquid (1/4 to 1 oz.) every 15 minutes and continue for 6 hours. If vomiting has ceased, try larger amounts every few hours. Do not give solid foods or milk until at least 12 hours after vomiting has ceased. A child's buttocks need special care. Gently and thoroughly wash the bottom with plain water after each diarrhea. Cover bottom with Vaseline, Desitin Ointment or baby powder.

If fever, vomiting and/or diarrhea persists greater than 12-18 hours after this emergency visit, or your child's lips and mouth become dry or his urination decreases (children should void at least every 6-8 hours), the child must be reexamined, preferably by the physician you were referred to or return to the Emergency Department.

 SPRAINS

- SPRAINS - Stretching and tearing of ligaments about joints which results in weakening of the joint.
- TREATMENT
  - Ice Bag (20 minutes out of each hour) for 48-72 hours; then try heat. If it worsens, go back to ice.
  - Immobilize with ace wraps or splints and elevate the injured part above the level of the heart.
  - Do not bear weight or use the extremity until told to do so by your physician.
  - Physician follow up is imperative to determine the severity of the sprain and the length of disability.
  - Pain Medications - Aspirin or acetaminophen (Tylenol or Dairil) is adequate for most sprains.
- COMPLICATIONS:
  - Tendency to recurrence - If your ligaments were stretched severely or heel incompletely.
- WARNINGS:
  - Circulation - An ace wrap, splint or tape should lend firm support without restricting circulation. If toes or fingers become blue or tingle, the wrap is too tight. Remove the wrap and redress. An adult should check the circulation in small children at least every 2 hours and rewrap as necessary.
  - Fractures and complete ligament tears sometimes cannot be diagnosed at time of initial exam. Further x-rays may be required. See your physician for follow-up care and evaluation after leaving the Emergency Department.

 BURNS

## 1. CLASSIFICATION

Burns are classified as to their DEGREE (severity) and as to their EXTENT (percentage of the body surface they cover).

FIRST DEGREE - Redness without blistering; a superficial burn involving the top layer of the skin.

SECOND DEGREE - Blistering; slightly deeper but not full skin thickness.

THIRD DEGREE - Involves the full thickness of the skin. This burn is PAINLESS and SKIN GRAFTS are required except for small patches.

## 2. FOLLOW-UP CARE

- Careful follow-up of all burns is imperative to prevent complications. CALL YOUR SURGEON OR FAMILY PHYSICIAN upon leaving the Emergency Department for an appointment within 48 hours.
- IF YOUR BURN WAS LEFT OPEN - Wash it three times daily with bland soap or BETADINE surgical soap (nonprescription).
- IF YOUR BURN WAS DRESSED - Leave the dressing intact and see your physician within 48 hours.
- Take pain pills only if needed and as prescribed.
- If antibiotic pills are prescribed, take them faithfully.
- Call your physician if you have a dressing and it gets WET.
- Call your physician or return to the Emergency Department for UNDUE PAIN, FEVER OR RED STREAKS around the burn.

 TETANUS "LOCK-JAW" IMMUNIZATION

TETANUS IMMUNIZATION CONSISTS OF THE FOLLOWING:

- Primary Immunization - 3 injections of 0.5 ml. tetanus Toxoid each given 4-6 week intervals. A 4th dose of 0.5 ml. given approximately 1 year after the 3rd injection.
- Booster Dose - Every 5 years after primary immunization as listed above.

Most children receive their primary immunization when they are infants as part of their "baby shots"; however, there are some adults who never received their primary immunization as a child. If you are one of these individuals, you have received your initial injection and must receive another 0.5 ml. of Tetanus Toxoid in 4-6 weeks, a 3rd dose 4-6 weeks later and a 4th dose 1 year after the 3rd injection. From then on you must receive an immunization every 5 years for adequate prophylaxis against Tetanus.

Please contact your private physician to arrange for these injections.

BEST AVAILABLE

BY THE PATIENT AND DEFINITIVE MEDICAL CARE AND TREATMENT. I ACKNOWLEDGE THAT I HAVE RECEIVED IS NOT INTENDED TO BE PHYSICIAN IMMEDIATELY FOR CONTINUED AND COMPLETE MEDICAL DIAGNOSIS, CARE AND TREATMENT. EKG'S AND X-RAYS WILL BE REFERRED TO APPROPRIATE SPECIALISTS AND I, THE PATIENT WILL BE NOTIFIED OF SIGNIFICANT DISCREPANCIES.

SPECIAL INSTRUCTIONS

 Head sheet Sick Child Suture Care Sprain Back Injury Burns Hepatitis Tetanus

PATIENT

OTHER

*After a visit to the ER, I am going to see my doctor.*

ERRA

ADDRESS

PHONE

INT

LOCAL ADDRESS

LOCAL PHONE

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**Patient Name :****Arrival Date/Time:**

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Our doctors and staff appreciate your choosing us for your emergency medical care needs. Read these aftercare instructions carefully. Please call us if you have any questions about your medical problem. We are here to serve you.

### FACIAL & SCALP CONTUSIONS

Your evaluation indicates you have a contusion (deep bruise) around the face or scalp. Injuries around the face and head cause a lot of swelling, especially around the eyes. This is because the blood supply to this area is so good. Usually the swelling from a contusion will be better in 2-3 days, but it takes 7-10 days for a "black eye" to clear up.

You should apply ice packs to the injured area for about 20-30 minutes every 2-3 hours until the swelling improves. Use mild pain medicine as needed. Please call or return here right away if you have:

- Severe pain or headache, unrelieved by mild pain medicine.
- Unusual sleepiness, confusion, personality changes, vomiting.
- Persistent nosebleed, double or blurred vision, or drainage from the nose or ear.

You may have a mild headache, slight dizziness, nausea, and weakness for a few days. This usually clears up with bed rest and mild pain medicine. Contact your doctor if you are concerned about facial deformity or have any difficulty with your bite.

### FEVER

Your child has a fever (a temperature over 100 F or 37.8 C). Mild fevers are not harmful, but temperatures over 104 F (40 C) can cause dehydration and fussiness. Here are some very useful points that can help you make your child more comfortable and keep the fever down:

- Do not bundle your child up in heavy clothing or blankets. Use light clothing and bedding to help your child stay cool.
- Give plenty of extra fluids (water, sodas, popsicles) to prevent dehydration. Your child should drink enough to urinate every 6 hours.
- Use acetaminophen (Tylenol, Panadol, Liquiprin) or ibuprofen every four hours to relieve discomfort and keep the temperature down.
- Check your child's temperature every 4 hours. For babies use a rectal thermometer. Be sure to shake the thermometer down before you use it and wash it in cool soapy water to clean it.
- If you are unable to control the fever with the above measures, sponge or bathe your child in lukewarm water for 20 minutes. Never use cold water or alcohol to sponge a feverish child.

Please call your doctor if the fever has not dropped in 2 days. Be sure to have your child checked by a doctor right away if your child has any of these symptoms: seizures, delirium, repeated vomiting, dehydration or difficulty breathing.

## HEAD INJURY

You have suffered a minor head injury. You do not need to stay in the hospital any longer, but you should have someone with you to check your condition every few hours for the next 24 hours. You may go to sleep, but someone should wake you up several times during the night to make sure you know who and where you are, and that you are able to talk and move around normally. You should see your doctor or return to the Emergency Center at once if any of the following symptoms develop over the next few days:

- Severe headaches not helped by pain medicine.
- Vomiting more than 2-3 times.
- Mental confusion, restlessness, or personality changes.
- Increasing weakness, sleepiness, blackouts, or seizures.
- Loss of balance or trouble with movement or coordination.
- A clear or bloody drainage from the nose or ear.

Head injuries may cause a moderate headache, weakness, dizziness, nausea, and depression for up to a week or more after the injury. This post-injury state usually gets better with bed rest and mild pain medicine. If any of these symptoms last for more than a week, you will need further medical attention. Please call the Emergency Center or your doctor if you have any questions or concerns about your head injury.

## ACETAMINOPHEN

Your doctor recommends acetaminophen (Tylenol, Datril, Tempra, Liquiprin) to treat your present problem. This medicine is given for fever control and to relieve mild pain. Acetaminophen comes in both liquid and tablet form. Be sure to check the label for the dose. Every 4 hours you should give:

- Infants - 40-80 mg
- Toddlers - 120-160 mg
- School-age children - 240-400 mg
- Adults - 500-1,000 mg

Acetaminophen drops have 80 mg/dropperful, the elixir has 160 mg/teaspoon) Children up to 12 years old should not take this medicine for more than 5 days in a row. Adults should limit use to 10 consecutive days. Please do not drink alcoholic beverages while you are taking this medicine because this can increase the risk of liver damage. Contact your doctor if your medicine is not helpful with your problem, or you are worried about side effects.

## FOLLOW-UP CARE:

Your physician today has been

For your follow-up care, you may return here or see your own doctor.

You have been referred to:

Please make an appointment for further treatment as needed. To avoid any delay in your follow-up care, be sure to tell your referral doctor that we have referred you. Bring aftercare instructions and medicines to the office. If you do not continue to improve or if your condition worsens, please call your doctor or return to the right away for further evaluation.

Additional Instructions:

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(Occupant #5) BEST AVAILABLE

LINK	OFFICE SERVICES	CPT	MOD	AMOUNT	LINK	PROCEDURES	CPT	MOD	AMOUNT	LINK	INJECTIONS/IMMUNIZATIONS	CPT	MOD	AMOUNT
	<input type="checkbox"/> New Patient Standard	99201				<input type="checkbox"/> Aerosol Nebulization	94650				<input type="checkbox"/> Allergy-Sol Ant	95120		
	<input type="checkbox"/> New Patient Limited	99202				<input type="checkbox"/> Anoscopy	48000				<input type="checkbox"/> Allergy-MH Ant	95125		
	<input type="checkbox"/> New Patient Intermediate	99203				<input type="checkbox"/> Audiometry	92552				<input type="checkbox"/> Benadryl	J1200		
	<input checked="" type="checkbox"/> New Patient Extended	99204			155	<input type="checkbox"/> Burn - Drugs/Oint.	16020*				<input type="checkbox"/> Bicillin 1ml	J0640		
	<input type="checkbox"/> New Patient Comprehensive	99205				<input type="checkbox"/> Burn - Int'l Treatment	16000				<input type="checkbox"/> Decadron	J1100		
	<input type="checkbox"/> Est. Patient Standard	99211				<input type="checkbox"/> Cold Therapy	97010				<input type="checkbox"/> Depo Medrol	J1030		
	<input type="checkbox"/> Est. Patient Limited	99212				<input type="checkbox"/> Cryotherapy 1st Lesion	17100*				<input type="checkbox"/> DPT	90701		
	<input type="checkbox"/> Est. Patient Intermediate	99213				<input type="checkbox"/> 2nd-3rd Lesion	17101				<input type="checkbox"/> Epinephrine	J0170		
	<input type="checkbox"/> Est. Patient Extended	99214				<input type="checkbox"/> Ear-Dr Abscess	69000*				<input type="checkbox"/> Estradiol	J1410		
	<input type="checkbox"/> Est. Patient Comprehensive	99215				<input type="checkbox"/> Ear-Biopsy	69100				<input type="checkbox"/> Flu Vaccine	90724		
	<input type="checkbox"/> New Patient OV w/surg proc	99025*				<input type="checkbox"/> Ear Lavage	69210				<input type="checkbox"/> HIB	90737		
	<input type="checkbox"/> Emergency OV	99058				<input type="checkbox"/> Eye-FB Remv	65205*				<input type="checkbox"/> Immitrex	W1955		
	LABORATORY					<input type="checkbox"/> Eye-Rmv Embd	65210*				<input type="checkbox"/> IV Therapy	90784		
	<input type="checkbox"/> Anemia Profile					<input type="checkbox"/> Exc. Benign Lesion					<input type="checkbox"/> Kenalog	J3301		
	<input type="checkbox"/> Arthritis Profile	80072				<input type="checkbox"/> Exc. Trunk, Arms, Legs 5cm or less	11400				<input type="checkbox"/> MMR	90707		
	<input type="checkbox"/> CBC	85025				<input type="checkbox"/> 1.1-2cm	11402				<input type="checkbox"/> Nubain, I.M.	90782		
	<input type="checkbox"/> Chem. Profile	80019				<input type="checkbox"/> Exc. Scalp, Neck, Feet 5cm or less	11420				<input type="checkbox"/> Oral Polio Vac	90712		
	<input type="checkbox"/> Cholesterol w/HDL	83718				<input type="checkbox"/> 1.1-2cm	11422				<input type="checkbox"/> Pneumonia Vac	90732		
	<input type="checkbox"/> Coronary Risk					<input type="checkbox"/> Exc. Face, Ears, Nose 5cm or less	11440				<input type="checkbox"/> Rocephin	J0696		
	<input type="checkbox"/> Digoxin	80162				<input type="checkbox"/> 1.1 to 2cm	11442				<input type="checkbox"/> TB Tine	86585		
	<input type="checkbox"/> Drug Screen MR.	80100				<input type="checkbox"/> EKG w/intrp	93000				<input type="checkbox"/> Tetanus	90703		
	<input type="checkbox"/> Ferritin Level	83565				<input type="checkbox"/> Exc-Ingwrm Toenail	11750				<input type="checkbox"/> Tetravune	J3490		
	<input type="checkbox"/> Glucose	82947				<input type="checkbox"/> Flex Sigmoid	45330				<input type="checkbox"/> Toradol	J1885		
	<input type="checkbox"/> Health Profile	80050				<input type="checkbox"/> Flex Sigmoid w/Biopsy	45331				<input type="checkbox"/> Vistaril	J3410		
	<input type="checkbox"/> Hematocrit	85014				<input type="checkbox"/> Flex Sigmoid w/Polyp	45333				<input type="checkbox"/> Vitamin B-12	J3420		
	<input type="checkbox"/> Hemoccult	82270				<input type="checkbox"/> Holter Monitor - 24 Hour	93224				<input type="checkbox"/> Xylocaine	J2000		
	<input type="checkbox"/> Hemoglobin	85018				<input type="checkbox"/> I&D Abscess/Cyst	10060*							
	<input type="checkbox"/> Hepatitis Profile	80059				<input type="checkbox"/> I&D Frgm Bdy	10120*							
	<input type="checkbox"/> Hepatitis ABC					<input type="checkbox"/> Kinetic Therapy (1 area)	97530				X-RAYS			
	<input type="checkbox"/> HIV	86311				<input type="checkbox"/> Kinetic Therapy (2 or more)	97531				<input type="checkbox"/> Abdominal Series	74020		
	<input type="checkbox"/> Mono	86306				<input type="checkbox"/> Lacer. Rep. 2.5cm or less	12041*				<input type="checkbox"/> Cervical Spine	72050		
	<input type="checkbox"/> Pap -	86151			15	<input type="checkbox"/> Nose-Biopsy	30100				<input type="checkbox"/> Chest PA	71010		
	<input type="checkbox"/> PSA	86316				<input type="checkbox"/> Nose-Ctl Hemhg	30901*				<input type="checkbox"/> Chest 2 views	71020		
	<input type="checkbox"/> Pregnancy Test/Urine	81025				<input type="checkbox"/> Proctosigmoidoscopy/Rigid	45300				<input type="checkbox"/> Foot	73630		
	<input type="checkbox"/> Pregnancy Test/Blood	84703				<input type="checkbox"/> Pulm. Fract w/o Bronc	94010				<input type="checkbox"/> Hand	73130		
	<input type="checkbox"/> Protime	85610				<input type="checkbox"/> Pulmonary Fract w/Bronc	94060				<input type="checkbox"/> Hip	73510		
	<input type="checkbox"/> PTT	85730				<input type="checkbox"/> Skin Biopsy	11100				<input type="checkbox"/> Humerus	73060	21250	
	<input type="checkbox"/> Sed Rate	85651				<input type="checkbox"/> Skin Tag Removal	11200*				<input type="checkbox"/> Knee	73562	21265	
	<input type="checkbox"/> Stool Culture	87045				<input type="checkbox"/> Sub Hematoma	11740				<input type="checkbox"/> Lumbo/Sacral	72110		
	<input type="checkbox"/> Strep Screen	87082				<input type="checkbox"/> Wart Removal	17110*				<input type="checkbox"/> Ribs	71100		
	<input type="checkbox"/> Thyroid Profile	80091				<input type="checkbox"/>					<input type="checkbox"/> Shoulder	73030		
	<input checked="" type="checkbox"/> Urinalysis	81000			15	<input type="checkbox"/> Supplies: Specify	99070				<input type="checkbox"/> Sinus	70220		
	<input type="checkbox"/> Urine Culture	87088				<input type="checkbox"/> Surgical Tray	A4550				<input type="checkbox"/> Thoracic Spine	72070		
	<input type="checkbox"/> Urine Sensitivity	87184				<input type="checkbox"/>					<input type="checkbox"/> Tibia/Fibula	73590		
	<input type="checkbox"/> Venipuncture	G0001				<input type="checkbox"/>					<input type="checkbox"/> Wrist (Ap & Lat)	73100		
	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>			

MODIFIER KEY:

- 22 Unusual Service
- T.C. Technical Component
- Z.D. Global Service (T.C. +26)
- 52 Reduced Service

METHOD OF PAYMENT:

- Cash
- VISA
- Check
- MasterCard

TIME	PATIENT	REASON	PRIOR BALANCE	PAT <b>0.00</b>	INS <b>0.00</b>	TODAY'S CHARGE	DIAGNOSIS: (No. 1 Must Be Primary)	
		NEW / AUTO				15.00	<i>Clawed hand Sjogren</i>	
DR. #	LOCATION						2. Acute Cerv. Strain	
T.N.	RESPONSIBLE PARTY	IPM #	REFERRING DR.				3. "L 2-5 Strain	
I F	ADDRESS	ITY/STATE	CODE				4. Confusion G & shoulder	
C	R <b>0.00</b>	OVER <b>0.00</b>	OVER <b>30</b>	CURRENT <b>0.00</b>	TOTAL DUE <b>10</b>	1 PT <b>0</b> BC <b>0</b> PAY CHOICE <b>10</b>	5. (Link to "CPT & HCPCS Code")	
NCE	BA	SCT	POLICY I.D.			ADJUSTMENTS	PATIENT TO RETURN	
							Days <b>70</b> , Weeks <b>1</b> , Months <b>0</b>	
<p>I hereby authorize my insurance benefits to be paid directly to the above signed physician, realizing I am responsible to pay non-covered services and I hereby authorize the release of pertinent medical information to insurance carriers.</p> <p style="text-align: right;">Patient Signature _____</p> <p style="text-align: right;">X _____ DOCTOR'S SIGNATURE</p>								

(Occupant #6)

BEST AVAILABLE

LIF	OFFICE SERVICES	CPT	MOD	AMOUNT	LINK	PROCEDURES	CPT	MOD	AMOUNT	LINK	INJECTIONS/IMMUNIZATIONS	CPT	MOD	AMOUNT
	<input type="checkbox"/> New Patient Standard	99201				<input type="checkbox"/> Aerosol Nebulization	94850				<input type="checkbox"/> Allergy-Sol Ant	95120		
	<input type="checkbox"/> New Patient Limited	99202				<input type="checkbox"/> Anoscopy	45800				<input type="checkbox"/> Allergy-MR Ant	95125		
	<input type="checkbox"/> New Patient Intermediate	99203				<input type="checkbox"/> Audiometry	92552				<input type="checkbox"/> Benadryl	J1200		
	<input checked="" type="checkbox"/> New Patient Extended	99204				<input type="checkbox"/> Burn - Dress/Debr	16020*				<input type="checkbox"/> Bicillin 1ml	J0640		
	<input type="checkbox"/> New Patient Comprehensive	99205				<input type="checkbox"/> Burn - Irtl Treatment	16000				<input type="checkbox"/> Decadron	J1100		
	<input type="checkbox"/> Est. Patient Standard	99211				<input type="checkbox"/> Cold Therapy	97010				<input type="checkbox"/> Depo Medrol	J1030		
	<input type="checkbox"/> Est. Patient Limited	99212				<input type="checkbox"/> Cryotherapy 1st Lesion	17100*				<input type="checkbox"/> DPT	90701		
	<input type="checkbox"/> Est. Patient Intermediate	99213				<input type="checkbox"/> 2nd-3rd Lesion	17101				<input type="checkbox"/> Epinephrine	J0170		
	<input type="checkbox"/> Est. Patient Extended	99214				<input type="checkbox"/> Ear-Dr Abscess	69000*				<input type="checkbox"/> Estradiol	J1410		
	<input type="checkbox"/> Est. Patient Comprehensive	99215				<input type="checkbox"/> Ear-Biopsy	69100				<input type="checkbox"/> Flu Vaccine	90724		
	<input type="checkbox"/> New Patient OV w/sum proc	99025*				<input type="checkbox"/> Ear Lavage	69210				<input type="checkbox"/> HIB	90737		
	<input type="checkbox"/> Emergency OV	99058				<input type="checkbox"/> Eye-FB Remvl	65205*				<input type="checkbox"/> Immitrex	W1955		
	LABORATORY					<input type="checkbox"/> Eye-Rmvl Embd	65210*				<input type="checkbox"/> IV Therapy	90784		
	<input type="checkbox"/> Anemia Profile					<input type="checkbox"/> Exc. Benign Lesion					<input type="checkbox"/> Kenalog	J3301		
	<input type="checkbox"/> Arthritis Profile	80072				<input type="checkbox"/> Exc. Trunk, Arms, Legs 5cm or less	11400				<input type="checkbox"/> MMR	90707		
	<input type="checkbox"/> CBC	85025				<input type="checkbox"/> 1-2cm	11402				<input type="checkbox"/> Nubain, I.M.	90782		
	<input type="checkbox"/> Chem. Profile	80019				<input type="checkbox"/> Exc. Scalp, Neck, Foot 5cm or less	11420				<input type="checkbox"/> Oral Polio Vac	90712		
	<input type="checkbox"/> Cholesterol w/HDL	83718				<input type="checkbox"/> 1-2cm	11422				<input type="checkbox"/> Pneumonia Vac	90732		
	<input type="checkbox"/> Coronary Risk					<input type="checkbox"/> Exc. Face, Ears, Nose 5cm or less	11440				<input type="checkbox"/> Rocephin	J0696		
	<input type="checkbox"/> Digoxin	80162				<input type="checkbox"/> 1.1 to 2cm	11442				<input type="checkbox"/> TB Tine	86585		
	<input type="checkbox"/> Drug Screen MR.	80100				<input type="checkbox"/> EKG w/intrp	93000				<input type="checkbox"/> Tetanus	90703		
	<input type="checkbox"/> Ferritin Level	83565				<input type="checkbox"/> Exc-Ingrwn Toenail	11750				<input type="checkbox"/> Telermune	J3490		
	<input type="checkbox"/> Glucose	82947				<input type="checkbox"/> Flex Sigmoid	45330				<input type="checkbox"/> Toradol	J1885		
	<input type="checkbox"/> Health Profile	80050				<input type="checkbox"/> Flex Sigmoid w/Biopsy	45331				<input type="checkbox"/> Vistaril	J3410		
	<input type="checkbox"/> Hematocrit	85014				<input type="checkbox"/> Flex Sigmoid w/Polyp	45333				<input type="checkbox"/> Vitamin B-12	J3420		
	<input type="checkbox"/> Hemoccult	82270				<input type="checkbox"/> Holter Monitor - 24 Hour	93224				<input type="checkbox"/> Xylocaine	J2000		
	<input type="checkbox"/> Hemoglobin	85018				<input type="checkbox"/> I&O Abscess/Cyst	10060*							
	<input type="checkbox"/> Hepatitis Profile	80059				<input type="checkbox"/> I&O Forgn Bdy	10120*							
	<input type="checkbox"/> Hepatitis ABC					<input type="checkbox"/> Kinetic Therapy (1 area)	97530				X-RAYS			
	<input type="checkbox"/> HIV	86311				<input type="checkbox"/> Kinetic Therapy (2 or more)	97531				<input type="checkbox"/> Abdominal Series	74020		
	<input type="checkbox"/> Mono	86308				<input type="checkbox"/> Lacer, Rep. 2.5cm or less	12041*				<input type="checkbox"/> Cervical Spine	72050		
	<input type="checkbox"/> Pap -	88151				<input type="checkbox"/> 2.6-7.5cm	12042				<input type="checkbox"/> Chest PA	71010		
	<input type="checkbox"/> PSA	86316				<input type="checkbox"/> Nose-Biopsy	30100				<input type="checkbox"/> Chest 2 views	71020		
	<input type="checkbox"/> Pregnancy Test/Urine	81025				<input type="checkbox"/> Nose-Cil Hemhg	30901*				<input type="checkbox"/> Foot	73630		
	<input type="checkbox"/> Pregnancy Test/Blood	84703				<input type="checkbox"/> Proctosigmoidoscopy/Rigid	45300				<input type="checkbox"/> Hand	73130		
	<input type="checkbox"/> Protein	85610				<input type="checkbox"/> Pulm. Fnct w/o Bronc	94010				<input type="checkbox"/> Hip	73510		
	<input type="checkbox"/> PTT	85720				<input type="checkbox"/> Pulmonary Fnct w/Bronc	94060				<input type="checkbox"/> Humerus (1) 2	73060	2D50	
	<input type="checkbox"/> Sed Rate	85651				<input type="checkbox"/> Skin Biopsy	11100				<input type="checkbox"/> Knee (2) (3)	73562	2D65	
	<input type="checkbox"/> Stool Culture	87045				<input type="checkbox"/> Skin Tag Removal	11200*				<input type="checkbox"/> Lumbo/Sacral	72110		
	<input type="checkbox"/> Strep Screen	87082				<input type="checkbox"/> Sub Hematoma	11740				<input type="checkbox"/> Ribs	71100		
	<input type="checkbox"/> Thyroid Profile	80091				<input type="checkbox"/> Wart Removal	17110*				<input type="checkbox"/> Shoulder	73030		
	<input checked="" type="checkbox"/> Urinalysis	81000									<input type="checkbox"/> Sinus	70220		
	<input type="checkbox"/> Urine Culture	87088									<input type="checkbox"/> Thoracic Spine	72070		
	<input type="checkbox"/> Urine Sensitivity	87184									<input type="checkbox"/> Tibia/Fibula	73590		
	<input type="checkbox"/> Venipuncture	G0001									<input type="checkbox"/> Wrist (Ap & Lat)	73100		

## MODIFIER KEY:

- 22 Unusual Service
- TC Technical Component
- Z.D. Global Service (T.C. +26)
- S2 Reduced Service

## METHOD OF PAYMENT:

- Cash
- Check
- VISA
- MasterCard

TIME	PATIENT	REASON	PRIOR BALANCE PAT 0.00 INS 0.00	DIAGNOSIS: (No. 1 Must Be Primary)	
		NEW / AUTO		1. <i>Clavicle Head Injury</i>	
DR. #	DOCTOR	LOCATION	TODAY'S CHARGE 1-78 015.00	2. <i>Acute Lice Strain</i>	
RESPONSIBLE PARTY			ADRESS	3. <i>" L-5 Strain</i>	
			CITY/STATE	4. <i>Contusion C shoulder</i>	
			CODE	(Link to CPT & HCPCS Code)	
1.90	OVER 60	OVER 30	CURRENT 0.00	TOTAL DUE 10	PAT 0.00 INS 0.00
POLICY I.O.				RELATIONSHIP TO INSURED <i>Self Spouse Child Other</i>	BALANCE DUE <i>15.00</i>
I hereby authorize my insurance benefits to be paid directly to the above signed physician, realizing I am responsible to pay non-covered services and I hereby authorize the release of pertinent medical information to insurance carriers.					
Patient Signature _____					
X DOCTOR'S SIGNATURE _____					